12623 CERTIFICATE OF DEATH 12598

		021(11110)	TIE OI DEAI	• • • • • • • • • • • • • • • • • • • •	Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY Mont gom		MARYLAND	2. USUAL RESIDENCE (V o. STATE Tennesse	e	b. COUNTY	
b. CITY OR TOWN RURAL and give	(If autside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carporate l	mits, write RURAL and	give nearest town)
Bethesd		41 days	Knoxvill	.0		19x-3
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	nical Center, B	ethesda 14, Md.	2300 Mag	nolia Ave	enue	YES NO
3. NAME OF DECEASED (Type or print)	First Ollice	Middle Lucille	Akard	4. DATE OF DEATH	November November	Day Year 5, 19 58
S. SEX Female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jamuary 7,	09	t birthday) Manths	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	ION (Give kind af wark dane 10th				2 yrs.	ITIZEN OF WHAT COUNTR
during most of wo	irking life, even if refired)					
Housewife 13. FATHER'S NAME	е	None	Alaban			U.S.A.
	. Caldwell		Pearl S			
IS. WAS DECEASED EV		S. SOCIAL SECURITY NO. 17. I		dical Rec	and Address	
(Yes, no, or unknown)	(If yes, give wor or dates of service)		The Clinical			, Maryland
	ATH [Enter only one cause per	line far (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DE	IMMEDIATE CAUSE (o)	Pneumonia				ONSET AND DEATH
271.	O DUE TO					
Conditions, if		Parathyroid Ad	lenoma			3 yrs.
gave rise to cause (a), stating	the under- DUE TO				A COLUMN	
lying cause last	- 10					
3 493	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COM	IDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	/AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af	item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	While		ACE OF INJURY (Hame, factory, street, affice bldg., e	m, 20f. (City or ta	wn)	(County) (State)
21. I certify t	hat I attended the decea	sed from September	25, 1958 10, N	lovember 5	2 1958 that I	last saw the decease
alive an NOV	ember 5, 19	58 , and that death	accurred a 8:19	A		the date stated above
	Pot	YIMI.	8:15/	ADDRESS (Street,	city or town, state)	DATE SIGN
SIGNATURE_	200	Sit Aller	M.D. The Cl	inical Ce	nter	11-6-5
PHYSICIAN'S			Nation	al Instit	utes of He	alth
NAME (Type)	Leon I. Gold	berg, M. D.	Bethes	da 14, Ma	ryland	
22a. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, tawn, ar caunty)	(State)
Bur-Trans	14 11/8/58	Lynhurst (Cemetery	Knoxv	ille. Ter	nnessee
23. FUNERAL DIRECTO		ADDRESS	24a. REG	D BY REGISTRAR	24b. REGISTRAR'S SI	
Robert A	. Pumphrey	Bethesda, Ma	aryland DATEN	V 1 0 '58	arthur S.	* Traus

the funeral director, should be filed with

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may be retained by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shadrd be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VS A1S (4) 1SM 10/S7

THE RESIDENCE OF STREET, AND THE PERSON OF STREET, STR	
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12624 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

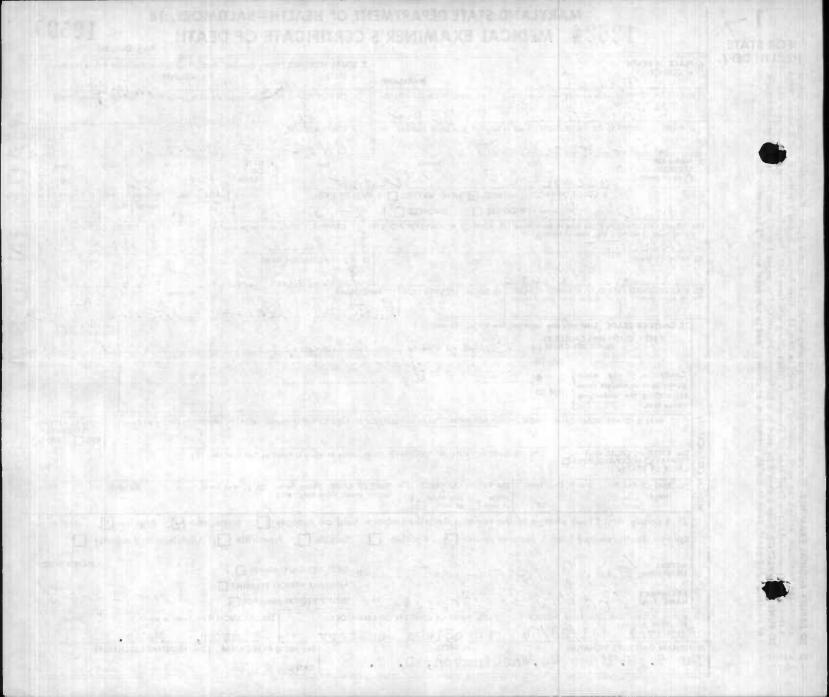
12599

Reg. Dist. No.

	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	MARYLAND MARYLAND	o. STATE MA b. COUNTY Monto
	b	CITY OR TOWN (If outside conferred limits, write BUPAL on give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
		Cherry Chase 33 ym	x Chey Chace
2	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street fiddress)	A. STREET ADDRESS
	3 1	VAME OF First Middle	Losi 4. DATE Month Day Year
	0	Type or print) week !- alf	aro DEATH NOV 24 1958
	5. S		DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	2-13-88 70 10.
1		uring most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	Elletulest FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/		Ramon a Ofers	Promote decente
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
		Ru	thing. alfars - Sam a tune
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary O	Elusion sudden
		DUE TO	
		gove rise to immediate couse	
		(o), stating the underlying DUE TO cause lost.	
	3		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	STA		PERFORMED? YES NO R
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY _ or CONTRIBUTING _ CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.}
	MEDICAL		E OF INJURY (Home, form, 120f. (City or town) (County) (State) ry, street, office bldg., etc.)
	MED	Hour o.m. While Nol while p. m. 19 of work of work	y, sneet, once bugs, etc.)
		21. 1 certify that I took charge of the remains described above	ve, held an Autapsy [], Inspection [], Inquiry [], and in my
		opinian death resulted fram: Natural causes . Accident], Suicide [], Homicide [], Undetermined manner []
		ACTUAL A 10 B. I A	DATE SIGNED
		SIGNATURE There Je Mirchael	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
1		EXAMINER'S FLANK J. Broschan	DEPUTY MEDICAL EXAMINER A 11-26-58
	220.	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	-	Removal 11/28/58 Woodlawn Cer	metery Clinton, Mass.
A	-	funeral director's signature 18 S. H. Hines Co. Washington, D. C	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	4.	ie S. H. Hines Co. washington, D. C	· DATELON 2 8 '58 Orthur S. Flisca

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Nem, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should "forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St. Loord of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME



(Stote)

24b. REGISTRAR'S SIGNATURE

avilua & Traces

24g. REC'D BY REGISTRAR

DATE

VS A15 (4)

death. Page



23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey-Bethesda, Md.

	TE OF DEATH	CERTIFICA		
				71 OF 12 SAN
				aluncas 1176
	Sing A		202.20	C. STORY
	Sept. 7, 1888	Charles Care		
ASU Shiwapirill v	St. Johns, Nor	Education	54	F. 7. 7. 18
	olargaret Aubre			O anadiki
Samatle	nalla 2 atori et	678-42-2720 M		OA.
			15.00	Arracas to sales of
	The second second second			
	port Sign and The Special and Witter Land and Sections of March 1985 and Australia and 1985 and Australia			SALE SECTION AND ADDRESS OF THE SECTION ADDR
nce Coorge Co., Md.	PT	nloom I WE	35,4	Cremental 1
		Bethesda, ad.		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12601

12626	CERTIFICATE OF DEATI	H Reg. Dist. No.
o. COUNTY Montagner	MARYLAND 2. USUAL RESIDENCE (W	here deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corpotate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 c. CITY OR TOWN (IF	outside corporate limits, write RURAL and give nearest town)
Kensinsten	1 Mo Washin	uton 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street addr. OR INSTITUTION.	ess) d. STREET ADDRESS_	e. IS RESIDENCE ON A FARM?
+ (anitarium 3248t	atterson St. N.W. YES NO
NAME OF First	Middle Lost	4. DATE Month Day Year
(Type or print) Dettie I	AM:SS	DEATH NOV. 16 1958
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
Temsle White WIDOWED		1861 96 yrs. Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State	ar foreign country) 12. CITIZEN OF WHAT COUNTRY
None	Unknown	
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
tayette Ve Val	Eliza	Cook
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. INFORMANT	Address (006-55
(1) ye, git no di dollari,	Miss Kuth Ar	41 SS- 3248 Patterson 114
18. CAUSE OF DEATH [Enter only one couse per line fo	r (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	nary accession as	ONSET AND DEATH
420.1 DUE TO _	t words, a	- U
Conditions, if any, which) (b) Con	mary Schrosis	reduced sunt
gove rise to immediate couse (o), stoting the under-	in the second of	The state of the s
lying cause lost.	105 Clivesis, gene	certised 10-600 +
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Coronary Or chipin	n Quant 1958	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONT CONTROL OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter nature of injury in	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 at work	Y OCCURRED 20e. PLACE OF INJURY IHome, form foctory, street, office bldg., etc	n, 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased t	from 1956 to 7	16 1857, that I last saw the decease
alive on 160) 15 1958	193 /50	M, fram the causes and an the date stated above
1/5 7 01		ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE SUMBLE SUMBLE	M.D. 392/	ngenar St. Nov16'57
PHYSICIAN'S STEWART (Tapp wash	15 DC
a PENOMAL Managinal I am a 1- o 1-o	L NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State) Washington, D.C.
	Londres - G.	D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The S H Hinor Co 2701		11 0 158 0 1 - 9 H

	SEL SEGMINISHE	-NIJAHESO JIMMIXASKI ZYAR GIZBANIAM COLUMNIA	THE STATE OF
	mana, Y	HTARORD TRANSPIRED BETTER OF DEATH	
47. C			

VS A15 (4) 15M 9/55

/ I I I I I I I I I I I I I I I I I I I	1.11	NIONI	50 MERY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURA) and give negrest town.	c. CITY OR TOWN (If outside corp. 56 SILVER 5	porate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GLESVILLE Rd	d. STREET ADDRESS	LE Rd.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MARIE ANN A	NOREWS 4. DATE OF DEATH	-7-1	Day Year 7 1958
Fe W WIDOWED DIVORCED	8. DATE OF BIRTH Aug/5, 1864		YEAR IF UNDER 24 HRS. Doys Hours Min.
Od. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)	SWIND OF THE STORE OF TO SEE THE STORE OF THE SEE THE	country) 12. CITIZ	S. a.
Jules Etienne Dietschy	14. MOTHER'S MAIDEN NAME	illamie	4
Yes, no, or unknown) Iff yes, give wor or dates of service)	on, John K. a	Ludhelwe.	ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Service Museum IMMEDIATE CAUSE (a)	jocar dete	7	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b) Old age			
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO R
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part 1 or Pa	rt II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. ft. p. m. 19 20d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (Home, form, 20f. (Cit tory, street, office bldg., etc.)	ty or town) (Co	ounty) (State)
21. I certify that I attended the deceased from. Only alive on Nov. 17 1958, and that death	occurred at 8:35/PM, fro	17, 1958, that I lo	ist saw the deceased
SIGNATURE Com n. audrows	9601 Colosia	Street, city or Jown, states	DATE SIGNED
PHYSICIAN'S NAMP (Type) John N. Andreu	V S	Str	yey d
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) NOV, 19, 1958 ROCK CREEK	CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)
Therax Director's signature likes 254 CARROLL	MAK DC 24a. REC'D BY REGIST NOV. DATENOV 2 0 '5		

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		THE LEVEL STREET, STREET	
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			as and processing the second line of the

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
125.18 CERTIFICATE OF DEATH

				<u> </u>						Reg. Dis	t. No.		
	LACE OF DEATH COUNTY	NTGOMERY		MARYLA	ND 2.	USUAL RESIDENCE. STATE	CE (Whe	ere decease	d lived. If institu b. COUN	Y	t gom		
ь	CITY OR TOWN (I RURAL ond give no TAKOMA			c. LENGTH OF STAY IN		c. CITY OR TOW	N (IF OU	metal-se	rate limits, write				
d	OAK HAV	AL (If not in hospital, EN REST HO)	_	address)	i	d. STREET ADDR	AI.P	1607 ANY/	Grandvi	lew Av	-	IS RESIDEN ON A FAR	:W3
D	IAME OF ECEASED Type or print)	MARY E	ULT.	Middle		Last		4. DATE OF DEATH		onth 1/27/58	Doy	Year 19	
5. SE	EX Jr	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	7/25 /1	874		9. AGE (In year lost birthday	Months		UNDER 24	HRS Ain.
100.	USUAL OCCUPATION during most of work HOUSE	king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NOUSTRY	11. BIRTHPLACE D. C.	(Stote o	or foreign c	ountry)	12. CITI		WHAT COL	JNTR
13. F	ATHER'S NAME				14	. MOTHER'S MAI							
	JOHN :					MA	RY F	E KIN	F.				
S. V (Yes.	NAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of	CES? 16.	SOCIAL SECURITY NO.	EDM(LT.			ATON M	D.		
	Conditions, if o gove rise to i case (o), stoting lying couse lost.	mmediate but To)	arterios	cle	rolic	- Ce	ear	A chi	elipo	5	-yr	-
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEATH	,	RELATED TO THE	TERMIN	AL DISEAS	E CONDITION C	SIVEN IN PART		WAS AUTO PERFORMEI	D? _
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	JRRED. (E	nter noture of inju	ury in Po	art I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. It While at work	_ Not while	e. PLACE (factory,	OF INJURY (Home street, office bld	e, form, g., etc.)	20f. (City	or town)	(C	ounty)	(s	Stote
	21. I certify the alive and actual signature.	at I attended the	decease , 195	ed from July 200 gnd that de	eath acc	, 1956 to curred at //	10/	M, fran	n the causes treet, city or town	and an th			ba
	PHYSICIAN'S NAME (Type)	aniel E	3. h	195 Kingto	Sh M	1) 62	239	+ GZ	1. Aven	wak	134.	26	
	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	11/29/		22c. NAME OF CEMETER ST JOHNS		EMATORY ETTERY			TION (City, town			(Stote)	
13. F	FUNERAL DIRECTOR	SSIGNATURE	Con	ADDRESS 3 77	32-	1 240 DA	EC	BY REGIST		SISTRAR'S SIG			

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	PART TO SELECT THE SEL
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HEALTH DEPT. necessary, please I director. Page for your files. Soard of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dela execute is secretificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refund Flower, DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Si or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after d

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VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12628

		1	6	U	Ü	*
Rea.	Dist.	No.				

PLACE OF DEATH			AAA BW AAAD	2. USUAL RESIDEN		d lived. If institu	Υ		e admis	sion)
	ontgomery		MARYLAND		aryland		Mont	-		
b. CITY OR TOWN a	it outside corporate limits, wri hesda	to RURAL	c. LENGTH OF STAY IN 16	Bethe	/N (If outside corpo	orate limits, write	RURAL and	give nea	rest fow	in)
		(It not in hos	pitat, give street address)	d. STREET ADDR			3		ON /	SIDENCE A FARM?
5401	Crommell I)r.		Cromw	ell Dr.				YES [NO 3
3. NAME OF DECEASED (Type or print)	Fii Cla	rst	Middle	Baum	4. DATE OF DEATH	Nov.		Day	Ye	ear 9
5. SEX			D NEVER MARRIED	270100140		9. AGE (In years	IF UNDER			R 24 HRS
female	white	WIDOWE		11-23-	82	feet birthday) 7.6 yrs.		-	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign co	untry)		ZEN OF V	WHAT (COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME					
Home	0	, .		OA.	1/0.					
15. WAS DECEASED E	VER IN U. S. ARMED FO	llen.	SOCIAL SECURITY NO. 17. 1	NFORMANI	ull	L Address				
(Yes, no, er unknown)	I (If yes, give war or dates a		DG 110 ACCO	NIORMANI						
?		0	18-48-0284 B	ernard H.	Conn		Item #	2		
18. CAUSE OF DE	ATH [Enter only one co	use per line	far (a), (b), and (c).]					INTERVA	AND DEA	End Tod
PART I. DE	ATH WAS CAUSED BY:	Con	onary occlusion	1						dead
1/20.1	IMMEDIATE CAUSE (Mary occuration				-	in		A C COACE
700	DUE TO							444	ped	
Conditions, if gove rise to imm		1								
(o), stoling the										
couse last.) (0)								
PART II. O	THER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	VEN IN PART		WAS A PERFOI	
PART II. O	ONTRIBUTING	Ob. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of injury i	in Part I ar Port II a	of item 18.)				
20c. TIME OF INJ Hour o. m p. m		While	INJURY OCCURRED 20e. PLA R Not while fact at work	CE OF INJURY (Home ary, street, affice bldg		ar tawn)	(Cou	enty)		(State)
21. I certify	that I taok charg	e of the	remains described abo	ve, held an Au	topsy , in	spection 🔀	Inquir	y St	and	d in my
			causes 🔀, Accident], Homicide	, Undete	ermined n	nanner		
ACTUAL SIGNATURE	Frank J. Br	roscha	rt	M.D.	CAL EXAMINER	444			DATE SI	IGNED
EXAMINER'S NAME (Type)	Frank &	- Br	pehait		ICAL EXAMINER		11/	2/5	8	
PREMOVAL (SOCIAL OF COMMENT)	ON, 226. DATE THESE	58	WASH, HE	BREW	22d. LOCAT	ION (City, lown,	GTO A	V	(State	.c.
23-FUNERAL DIRECTO	R'S SIENATURE	is le	ADDRESS Pen	na. Me 240.	REC'D BY REGISTR		Thun S.	1 1		
1	Jour an	0 000	00 1 100 1-10	W. // O	-				-	

ACCUPATION OF THE PROPERTY OF				
		Andrew Aller and the second		
			The state of the last state of	
	10 to			
			Strong . Strong Life	
			WEITH SEA	

VS A1S (4) 1SM 9/S5

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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12629

CERTIFICATE OF DEATH

12605

Reg. Dist. No.

)	1. PLACE OF DEATH O. COUNTY MONTGOMENY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write gural and give nearest town) Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Suburban Hospital	d. STREET ADDRESS 4700 West Virginia Ave. 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Nellie C.	Baxter 4. DATE Month Day Year OF DEATH NOV 30 19958
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 10/6/87 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months 22 ys Hours Min. Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	Virginia 12. CITIZEN OF WHAT COUNTRY? US
Л	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	? Baxter	Margaret Sullivan
	(Yes, no, or unknown)	NFORMANT Address
		Irs Lena Broadhurst-Item# 2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	noid Hemorrhage interval Between onset and Death
	Conditions, if ony, which) (b)	Tleus 48hours
	gove rise to immediate couse (a), stating the under- lying couse last. DUE TO (c)	sclevosis Unknown
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 2 V 2 (y + c C T / c C T / c C T / c C C C C C C C C C C C C C C C C C C	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES NO
		D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased fram. Nev 1	9., 1958, ta Nov 30, 1958, that I last saw the deceased
	01 1) 1)	occurred ot 210 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Serve there	M.D. 105/1 Summit he 12-1-57
	PHYSICIAN'S George Shavioe	Kensington, us
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burial Specify 12/4/58 Parklawn	Rockville, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryla	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 3 '58 Crithus S. Hours

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Like, Alarytane			Parklawn	274788	111111111111111111111111111111111111111
		bonis	rliesda, Marry	npurey-Es	Robert Pu

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CERTIFICATE OF DEATH

12630

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLAND	2.	a. STATE	CE (Where		lived. If institution b. COUNTY		NTGO		
b. CITY OR TOWN RURAL and give		ts, write	c. LENGTH OF STAY IN 16 17 years	5		/N (If outside SILVE!		ote limits, write R RING	RURAL and	give neo	rest tow	n)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g 729 EASLE			1	d. STREET ADDR 729 EASI		TREE"	C			ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir VICTOR		Middle HUGO	BE	lost NDER	4.	DATE OF DEATH	NO.		Do 20	,	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	HED NEVER MARRIED DIVORCED DIVORCED		11/96			9. AGE (In years lost birthday) 62 yrs.	Months Months	R I YEAR Doys	Hours	ER 24 HRS. Min.
during most of wo	ON (Give kind of wark of rking life, even if retired) — DeCe Pro		KIND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLACE ST. LO					S.A.	F WHA	COUNTRY
13. FATHER'S NAME		445		14	MOTHER'S MA	IDEN NAM	E					
RUDOLPH	BENDER				IDA FISC	CHER						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	rvice)			MANT Hallie (G. Bei	nder	, 729 Ea		St.		
260 200. ACCIDENT W	immediate DUE TO the under (c) THER SIGNIFICANT CONI	OITIONS C	ternes cler ternes cler contributing to death but listets CRIBE HOW INJURY OCCURRE	De	elitur				ZEN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJU Hour o. m. p. m.	MEDICAL EXAMINER)	While			OF INJURY (Home street, office bld		POf. (City	or town)		(County)		(Stote)
21. I certify to alive an	haj I affended the	_, 12_	$\frac{8}{100}$, and that death			IOA N	A, fram PRESS (Sir	eet, city or town,	and an		e stat	
	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY O					ON (City, town, NGTON V		NIA	(Sto	(e)
23 FUNERAL DIRECTOR	PUMPHEY , I	NG.	ADDRESS STIVER SPRING			. REC'D BY	REGISTR	AR 24b. REGI			E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 **DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages in priar to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by the haspital ar attending physician. TO FUNES VS A15 (4) 15M 9/55

by the funeral directar,

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					NAME OF TAXABLE	

CERTIFICATE OF DEATH 2631 with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside comporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside carporate limits, write RURAL and give negrest town) funeral pe RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS OR INSTITUTION 00 within 24 hours NAME OF DATE First Middle Lost Month (Type or print) Daniel DEATH 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH DIVORCED | WIDOWED [) Y13. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) during most of working life, even if retired) Mining Enginee 155 CUR minina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 72 attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO thot Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20h DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I of Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour a. m While Not while of work at work 21. I certify that I attended the deceased from. , and that death accurred at IDI: M, from the causes and on the date stated above. alive an ACTUAL R. M. Tilley HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county)
Marissa, Illinois 22c. NAME OF CEMETERY OR CREMATORY Bullworkanisit 11/26/58 Marissa 0 Robert A. Pumphrey-Bethesda, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12607 Reg. Dist. No. Mantaroma e. IS RESIDENCE YES NO T Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Days 12. CITIZEN OF WHAT COUNTRY?

Address

INTERVAL BETWEEN

PERFORMED? NO T

Months

(County)

(Stote)

., 1955, that I last saw the deceased

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

DATE NOV 2 8 '58

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	DURING IV. M. Tilley
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CERTIFICATE OF DEATH

12608

	1000						•		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY			MARY	LAND	o. STATE			d lived. If instituti b. COUNTY		nce befo	re admissi	on)
	tgomory					aryla		. 1: 1:		tgom		
RURAL ond give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN Ib	c. CITY OR I	OWN (IF 6	utside corpo	rote limits, write F	URAL and	give nec	rest Town	
Bet	hesda		10 hou	rs	X Beth	esda						
d. NAME OF HOSP	ITAL (If not in hospital, a	ive street			d. STREET A						e. IS RESI	DENCE FARM?
OR INSTITUTION	urban Hospit	1			5815	Wilm	ett R	han			YES T	
3. NAME OF	Fir		Middle		los				48.			ear
DECEASED		31					4. DATE OF DEATH	Moi	TITES	Da		
(Type or print)	Clara	-	Addie	T	Blum		DEATH	191		12		9 58
5. SEX	6. COLOR OR RACE	Z- MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTI	Н		9. AGE (In years last birthday)	Months	Days	Hours	Min.
Female	White	WIDOWE	DIVORCE		6/9/78			80 yrs.	5	3	110015	741111,
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12. C	TIZEN C	F WHAT	COUNTRY
Houses	orking life, even if retired				Wisa	onsin			TT	S.A		
13. FATHER'S NAME	1120				14. MOTHER'S					Mace	•	
	7											
	Scanlon	ceen la	40.01.11.00.01.11.11.11	117 46	Berth	a War	nicke					
(Yes, no. or unknown)	FR IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	. 17. IF	NORMANI			5815	Wilm	ett :	Road	
No			None	Ru	th E. Me	vers		Bethe	sda.	Md.		
18. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (a), (b), and (c).] (7	11.				INTI	RVAL BET	TWEEN
PART I. DI	EATH WAS CAUSED BY:	. (Carallan	X	noul	1100	ne	1-		QNS	ET AND	ALL. D
466X	DUE TO		1		77	3	. /	1			1 1	7
		1	Je Penar	100	1 6		ale.	m)		2	4800	110
Conditions, if	immediate		a como	ruca	7 0	Men	0				ne"	
couse (o), stating	g the under- DUE TO	1	he in her	·K	[nune	, , 7	1/1 10	me hear	1	1	1001	2-0 -10-
lying couse lost	- /		eriginal	4	Jurrou	01	1000	miou		1	NOOK.	u
PART II. O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS A	RMED?
3 /02	eleenel &	YM	meeter	mo	7							NO 🗌
20a. ACCIDENT V	VAS UNDERLYING	20b. DES	RIBE HOW INJURY O	CCURRE). (Enter noture o	f injury in f	Port 1 or Por	t 11 of item 18.)			7	-
U (IF EITHER, NOTIF	G CAUSE OF DEATH	V										
N 20c. TIME OF INJU	JRY Month, Day, Yes	nr 20d It	NJURY OCCURRED	20e PL	CE OF INJURY I	Home form	20f (Cib	(or town)	-	(County)		(Stote)
20c. TIME OF INJU		While	Not while	foc	tory, street, office	e bldg., etc.	1			(Coomy)		(3,0,0)
\$ p. m	. 17	of wor	k of work			0	1	9				
21. I certify	that I ottended the	decease	ed from	54	, 190 0	2, to /L	00.1	19.	Lithat I	last so	ow the	deceosed
alive on 1	200. 61	. 195	and that	death	occurred at	12 15	M. from	m the couses				
	/ %		1					treet, city or town,				TE SIGNED
ACTUAL	(,)		helle	-								
SIGNATURE					W.D. ,		60			(-DE	7/17/	7.3
PHYSICIAN'S NAME (Type)	E.T.	PA	18 409	SI	40 :	380	/ces	ervor	7 '	6	70	- Tolk
220. BURIAL, CREMAT		F	22c. NAME OF CEM	ETERY O	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
Bur-Trans	it 11/13/	58					Don	iglas,	Arizo	ona		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			240. REC'	D BY REGIS		STRAR'S S		RE	
Robert A	Pumphra	T B	atharda	Mor	arrl and	Dage of						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the futteral director, 2 should be filed with D MOSPITAL OR ATTENDED TO STEED THE ACT OF THE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled DIRECTOR: After this certificate has been signed by the attending physician and campletely filled DIRECTOR: After this certificate has been signed by the attended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 TO FUNEX. DIRECTOR: After this certificate has been signed by the unexample carbo page 3 table betached for use as the burial-transit permit. Then please remove carbo the registral prior to burial, cremation, ar removal, and in any event within 72 hours after the registral prior to burial, cremation, ar removal, and in any event within 72 hours after the registral prior to burial. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12634

CERTIFICATE OF DEATH

Reg. Dist. No. 12610

									wan. n	101. 140.	
1. PLACE OF DEATH a. COUNTY Montgome	rv		MARY	LAND	2. USUAL RESII 9. STATE Virgin	DENCE (WI	nere deceased	l lived. If institu b. COUN		_	admissian)
b. CITY OR TOWN	(If outside carporate limits,	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	oulside carpor	ote limits, write	RURAL ond	give near	est lawn)
RURAL ond give Bethesda			5 days		Alexan				824	3	
d. NAME OF HOSE	PITAL (If not in hospital aix	e street	oddress)		d. STREET A	DDRESS			2 20 700	l e.	. IS RESIDENCE
The Clin	ical Center,	Bet	chesda 14,	Md.	121 M	artha	's Roa	d			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Beverl		Munford		Bowie		4. DATE OF DEATH	Novem	ber	Doy 15	Yeor 1958
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	1		9. AGE (In year	IF UNDE	R I YEAR II	F UNDER 24 HRS
male	white	NIDOWE	DIVORCE	DO	Decembe:	r 5.	1914	last birthday		Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work do	ne 10b.	KIND OF BUSINESS C	R INDUS						TIZEN OF	WHAT COUNT
Writer	arking life, even if retired)		ournalism			ginia				U.S	
13. FATHER'S NAME			Jul Har Toll		14. MOTHER'S		IAME			0.0	• 22, •
Walter F	Porrio				Jean :	Lorrom	colc				
	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	17. 1				Record	drass		
(res. no. or unknown)	(H yes, give war or dates of serv	rice)	scertainab		The Clin					Mo	rvland
Jes CAUSE OF DE	EATH [Enter only one cous				THE CLIII	LCal	oemer.	, bettle	sua 11		V
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	R	ESPIRA	•	RY IN	SUI	FFIC	IENC	4	ONSE	T AND DEATH
Conditions, if gave rise to cause (a), stating	immediate (D)_		netarta						/	+	IYR.
lying cause last	(c)_	14	EMANGI	109	ERICY	TOM	AL	TCERV	CAL		2 YR
2	THER SIGNIFICANT CONDI	TIONS	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	NEN IN PA		WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter nature at	injury in f	Part I ar Part	Il of item 18.)			
Haur a.m.	19	While at wark	NJURY OCCURRED Not while at wark	foc	ACE OF INJURY (Harry, street, affice	bldg., etc.)			County)	(State
21. I certify to alive an Nov	that I attended the average 15,	lecease , 19_5	od fram Novem	death	accurred at.	3:10) Clin	_M, from ADDRESS (SIT ical O	the causes eet, city or town enter	and on t	he date	the decease stated above DATE SIGN
PHYSICIAN'S NAME (Type)	HAROLD R. S	SILBI			Nat:	ional hesda		tutes o aryland		Lth	
Crematio	n 11-17-58		22c. NAME OF CEME				22d. LOCATI	ION (City, town)	ar caunly)	nd	(State)
23. FUNERAL DIRECTO	ESSIGNATURE CENT	là	ADDRESS			240. REC'I		AR 24b. REC			
Cunningha	m Funeral Ho	ne I	n.c. Box 65	A]					Thun &		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4, may be retained by the haspital ar attending physician.

TO FUNE DIRECTOR: After this/Lartificate has been signed by the attending physician and campletely filled page 3 wild be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs prior depth.

VS A15 (4) 15M 10/57

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may be retained by the haspital or attending physician.

TO FUNEY—DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 will be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12635

CERTIFICATE OF DEATH

12611

Reg. Dist. No.

	1. PLACE OF DEATH TO THE MONTGOMERY BELLES de	MARYLAND	2. USUAL RESIDENCE (Whe Maryland	re deceased lived. If institutions MONTE	Residence before admission) OMORY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write RUR	At and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Road	oddress)	d. STREET ADDRESS 5621 Greet	ntree Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) J. Re	ed Bradle		4. DATE Month OF DEATH NOVEMBE	er 16 19 58
1	5. SEX 6. COLOR OR RACE 7. MAR. White widow		March 15.1		UNDER 1 YEAR IF UNDER 24 HRS.
	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Sup . Of Claims	KIND OF BUSINESS OR INDUST	Pittsbur		12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Herbert Bradley		Jane Re		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give wor or dates of service)		ertrude D.	Address Bradley-Item	
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost. DUE TO Lying cause lost.	arcinoma of		al Vesicals	INTERVAL BETWEEN ONSET AND DEATH IGNA
	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DES				IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	ort t or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease				hat I last saw the deceased on the dote stated above
	ACTUAL SIGNATURE Lichen Grand			DDRESS (Street, city or town, sto	
		Landoni -	1150 G	NW AVE NW.	Wash. De
	220. BURIAL, CREMATION, 22b. DATE THEREOF CREMOVAL (Specify) 11/18/58	22c. NAME OF CEMETERY OR Cedar Hill	Crematory	Suitland.	
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D	BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE
1	Robert A. Pumphrey F	Retherda Man	TATE NO	N 1 9 '58 and	my S. Frank

CERTIFICATE OF BEATR	
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a by the funeral director. 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 synuld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	1263	6	CERTIFIC	CATE OF	DEATH			Reg. Dist. No	1201	16
1. PLACE OF DEATH O. COUNTY	f outside or porote lim sorest to the Control of th		MARYLAN	O CTATE	MARYLA	e deceased lived	b. COUNTY	MONTGOM	ERY	
RURAL and give no	ILVER SPRI	NG O	27 yrs	56		SPRING		KAL and give n	rarest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (II not in hospitol, 9513 GARW	ood STRE		d. STREET / 9513		D STREE	T		ON A FARM	
3. NAME OF DECEASED (Type or print)	CHARL		Middle HAROLD	BRAMHALL BRAMHALL		OF DEATH	Month NOV.	1	oy Yeor 1 1958	8
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED A	NEVER MARRIED [los		Months Days	Hours M	HPS.
ELECTRICAL	DN (Give kind of work king life even if selired ENGINEER	U.S.	OF BUSINESS OR IN GOVERNMEN		NSYLVAN			U.S.A	OF WHAT COU	NTR
13. FATHER'S NAME CHARLES R	• BRAMHALL				ALTENE					
S. WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16. SOCIA		Mrs. Mild	red W.	Bramhal		3 Garwo	od St.	
PART I. DEA 14-20. / Conditions, if o gove rise to i couse (a), stating lying couse lost.	the under	Con	neng	thorn 2 mais				00	IERVAL BETWEE	тн
	HER SIGNIFICANT CON							N IN PART 1(a)	PERFORMED YES NO	D?
	CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE F	OW INJURY OCCU	KKED. (Enter nature	of injury in Pai	rt I ar Parl II of	item (B.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While _ N	OCCURRED 20e lat while lat work	PLACE OF INJURY foctory, street, office	(Home, form, ce bldg., etc.)	20f. (City or to	~n)	(County) (S	itote)
21. I certify the alive on/_C	at 1 attended the	- 01	om. 9/1 _, and that de	ath occurred at	4:45 P	DDRESS (Street, o	causes ar	nd on the de	aw the dece ote stated a DATE SI	bay
PHYSICIAN'S NAME (Type)	W. LUTHER	HALL								
220. BURIAL, CREMATIC REMOVAL (Specify) TRANS. & BU	RIAL 11/15	33 -	NAME OF CEMETER		2	2d. LOCATION (Washingt	city, tawn, or con Cou	county) Pa	(State)	
33 FLINERAL DIRECTOR	MICHAILME IN	ST ST	LVER SPR	ING, MD.	24a. REC'D	8Y REGISTRAR		RAR'S SIGNATI		

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12637	CERTIFICA	ATE OF DEATH Reg. Dist. No.
n. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If autside carporate limits, we RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION LeDeau Gardens Nurs		d. STREET ADDRESS 111 Bishop Lane e. IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \) NO \(\sqrt{NO} \)
NAME OF DECEASED (Type or print) OLIVE	Young B	ROSESHIRE OF DEATH NEVERLEY 13 1958
female white wid	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 73 yrs. Funder 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done Hours most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	II. BIRTHPLACE (State or foreign country) Kentucky 12. CITIZEN OF WHAT COUNTRY, U. S. A
3. FATHER'S NAME Mike Young		Sarah Elizabeth Small
(If yes, give wor or doles of service) 18. CAUSE OF DEATH Enter only one cause part I. DEATH WAS CAUSED 8Y: 332 MMEDIATE CAUSE (a) DUE TO		Addres Silver Spring, rs. Donald Crawford-III Bishop Lane Coft cerebral artery Conservation descare 7-year,
Cue brat Cambornia	. Minely 3	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES A GOVERNMENT OF THE PART I or Part II of item 18.)
Hour a. ft.	Od. INJURY OCCURRED /hile Nat while work at work	LACE OF INJURY (Home, farm, care, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I attended the decalive an 10. 131 , 1 ACTUAL SIGNATURE Colleged W		n occurred at 10,30PM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. 248 Weaking a we filled for
PHYSICIAN'S EDWARD W	· YOUNG-BLOO	11/13/15 Wed.

Hill Cemetery

Prince

24a. REC'D BY REGISTRAR DATE NOV 1 7 '58

Georges

24b. REGISTRAR'S SIGNATURE

Cirthung S. Hours

Co.

Burial (Specify) 11/17/58 Cedar Hill Cemete
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
The S. H. Hines Company-Washington, D.C.

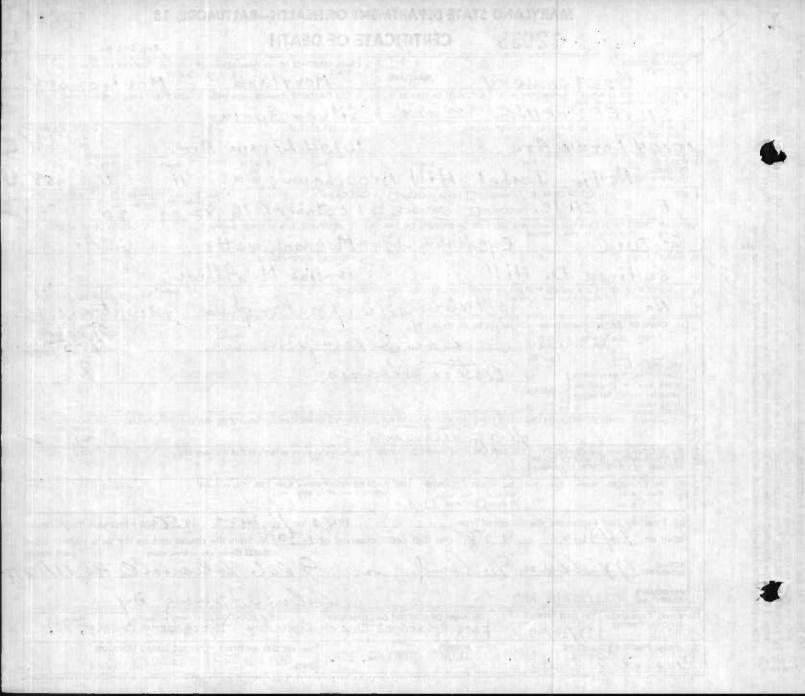
23. FUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL

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WALL TO SERVICE AND ADDRESS OF THE PARTY OF		27 E	
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			CHINAL BIRCOINS

VS A15 (4) 15M 10/57

1. PLACE OF BEATH O. COUNTY MO ST COMMON ON THE COMMON OF STATING ID. D. COTTY OR TOWN (III outlinds emplored limit), write I C. LENGTH OF STATING ID. STATE ACTIVE OR TOWN (III outlinds emplored limit), write I C. LENGTH OF STATING ID. STATE ACTIVE OR TOWN (III outlinds emplored per limit), write I C. LENGTH OF STATING ID. STATE ACTIVE OR TOWN (III outlind emplored per limit), write I C. LENGTH OF STATING ID. STATE ACTIVE OR TOWN (III outlind the perported limit), write I C. LENGTH OF STATING ID. STATE ACTIVE OF STATING ID. STATING ID. STATE ACTIVE OF STATING ID. STATI		10003		TIE OI DEATH		Reg. Dist.	. No.
b. CITY OR TOWN;		o. COUNTY M _	MARYLAND	2. USUAL RESIDENCE (Whe		COUNTY	L
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3. NAME OF DECEASED (Type or print) NOTICE 15 April 18 Ap		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		1000001	1 3	1	ON A FARM?
DECEASED IN OPHIN NOTHING ISSAE HIN BYOUGHOUN DEATH S. SEX C. COLOR OR RACE 7. MARRED NEVER MARRED NO PATE MARRED NO P	4	0104 LOYAIN HYE		10104 40	YOIN H	re.	YES NO M
100. USLAL OCCUPATION (Give kind of work done) 100. WIDNESS OR INDUSTRY 11. BETHPLACE (Stole or foreign country) 101. SULVAL D. HILL 102. CHIZEN OF WHAT COUNTRY CLUBER'S NAME SULVAL D. HILL 103. FATHER'S NAME SULVAL D. HILL 104. MOTHER'S MAIDEN NAME SULVAL D. HILL 105. WAS DECEASED EVER DU U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 106. SULVAL D. HILL 107. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE OF DEATH MANDEDIATE CAUSE (o) Land Survey PART I. DEATH WAS CAUSE OF DEATH SULVAL D. WITNESS (o) Line for only one course per line for (o), (b), and (c).] 107. CONTRIBUTING [CAUSE OF DEATH ONE TANDED AND COUNTRY OF THE SULVAL DEATH S	3.	DECEASED A	1.11 7		OF	Manth //	11
100. USUAL OCCUPATION (Cive kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 112. CITIZEN OF WHAT COUNTRY CLUBERY NAME SUITIVAL D. Hill 13. FATHER'S NAME SUITIVAL D. Hill 14. MOTHER'S MAIDEN NAME SUITIVAL D. Hill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE OF INMEDIATE CAUSE (o) OBJECTION OF CONTRIBUTING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOFSY PERFORMED? YES OR CONTRIBUTING (CAUSE OF DEATH (C) OR CONTRIBUTING (CAUSE OF DEATH (C) DR. CONTRIBUTING (CONTRIBUTING (C) DR. CONTRIBUTING (C) DR. CONTRIBU	5.	E AAUA		1	16 - lost b	irthday) Months D	Pays Hours Min.
13. MATHER'S MANDE SULLIVOR W. D. Hill SULLIV W. Home, form. SULLIV W. Home, fo	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	1000	Mana	r fareign country)		
SULLIVAL D. Hill S. WAS DECEASED EVER IN U. S. ARMED FORCES? If you was a or of an element only one come per line for (o). (b). and (c). B. CAUSE OF DEATH [Enter only one come per line for (o). (b). and (c). PART I. DEATH WAS CAUSE (o). Conditions. If any, which gave rive to immediate cause (o). Initiate and death and death account of losting the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMANCY YES NOT PROBLEM. 200. ACCIDENT WAS UNDERLYING TO A DEPCHE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Fort II of item 18.) 201. I certify that I attended the deceased from 19.40, to footory, street, office bidg., etc.) 202. I certify that I attended the deceased from 19.40, to footory, street, office bidg., etc.) 203. BURNAL CREMATION, 272. DATE THEREOF 222. NAME OF CREMETRY OR CREMATORY PRINCIPLE IN SIGNIFICANT SUMMER (Type) WILLIAM D. AUD 204. BURNAL CREMATION, 272. DATE THEREOF 222. NAME OF CREMETRY OR CREMATORY PRINCIPLAN'S NOTATION. ADDRESS, (Street) BY A REGISTRAR'S SIGNATURE, ADDRESS, SIGNATURE 240, REGISTRAR'S SIGNATURE, ADDRESS, SIG	13.	FATHER'S NAME			NA ELIS		-371
Text - 00 - and present 11 yes, give not or dotte of service) 579 - 16 6777 18 18 18 18 18 18 18		Sullivan D. Hill		Caroline 1	M. Alle	2 K	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DEATH BUT NOT WHILE NOTHING CAUSE OF DEATH BUT NOT WHILE NOTHING DEATH BUT NOT WHILE NOT WHILE NOTHING DEATH BUT NOT WHILE NOT W		s, no. or unknown) (It yes, give war ar dates of service)	-6773 0	00 Par RA	moham	Addyon Lea	Low hell
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200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1/2		IAL DISEASE CONDI	TION GIVEN IN PART I	PERFORMED?
21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 22. I certify that I attended the deceased from. 32. I certify that I attended the deceased from the causes and on the dote stated above above the causes and on the decease and on th		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Port II of ite	m 18.)	
olive on / G/Nov., 19 5 F., and that death accurred at 1.30 PM, from the causes and on the dote stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE OF CLUB OF COMMENT OF	MEDICAL	Hour o. m. While Not wh	nile foo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Co	unty) (Stote)
ACTUAL SIGNATURE WILLIAM D. AUD ADDRESS (Street, city or town, stote) ADDRESS (Street, city or		1510 17/		بحنه بالكنان فالكنان			
ACTUAL SIGNATURE WILLIAM D. AUD PHYSICIAN'S NAME (Type) WILLIAM D. AUD 220. REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COPPLYS AG. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		olive on 7 4 100	na mar aeam				
NAME (Type) WILLIAM D. AUD			ud	M.D. 90	1) Co Col	esvelle	Ref 11/16
BURIAL 1/18/58 Grace Episcopal Church Cemetery Montgowery County, Md. 22 AUNERAL DIRECTOR'S SIGNATURE ADDRESS CONTROL OF SIG		PHYSICIAN'S NAME (Type) WILLIAM D. AUD		Silve	er Ipe	ing my	/
BURIAL DIRECTOR'S IGNATURE ADDRESS CODAT Church Cemetery Montgowery County, Md. 22 JUNEAL DIRECTOR'S IGNATURE ADDRESS CODATAGE 240. REGISTRAR'S SIGNATURE	220		OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	y, lown or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	R	REMOVAL (Specify)					
Raymond G. Silver Spring, MD. DATE NOV 1 9, '58 Cirling & Kroug	27.	FUNERAL DIRECTOR'S SIGNATURE ADDRE		IG MD NO	A 40 - 1 - 1	24b. REGISTRAR'S SIGN	NATURE



FOR STATE HEALTH DEPT.

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ry is necessary, please peral director. Page of for your files. Soard of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the function 4 should be seed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refunded. TO FUNE DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the 5 or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1.6	000					Reg.	Dist. No).	
	PLACE OF DEATH	onfgomery	MARYLAND	2. USUAL RESIDENCE 0. STATE Maryl		sed lived. If institu b. COUNT			fore adm	ission)
	b. CITY OR TOWN (III ond give neorest town) Olney	oulside corporale limits, write RUR/	c. LENGTH OF STAY IN 16	c. CITY OR TOWN 26 Rockvi		porate limits, write	RURAL or	nd give r	neoresi lo	wn)
		. Gen. Hosp.	in hospital, give street address)	d. STREET ADDRESS	aster	Mill Rd.			ON	A FARM?
100	NAME OF DECEASED (Type or print)	First	Middle PARKER	Lost BROWN	4. DATE OF DEATH	Month		Day		7eor 958
5.	SEX EMALE	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED 8	DATE OF BIRTH		9. AGE In years test birthday 85 yrs.	IF UNDE Months			ER 24 HRS. Min.
100	. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sio				U.S.		COUNTRY
	HOMEMAKER		ON HOLES	14. MOTHER'S MAIDEN				U.S.	AL a	
		O. PARKER								
	WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give wor or dates of service		ALICE TI	LLEK	Address				
	NO		None Mrs	. Elizabeth	Lawson	n, 6247 I	ee H	ighw	ay	
	PART I. DEAT	iote couse		occlusion		Arling	ton,		ripi udde	
CERTIFICATION			NS CONTRIBUTING TO DEATH BUT N				EN IN PA		9. WAS PERFO YES	AUTOPSY DRMED?
_	PRIMARY OF CON CAUSE OF DEATH.	ITRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in P	ort I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year		CE OF INJURY (Home, fo ory, street, office bldg., e		y or town)	(C	ounty)		(State)
			the remains described oboural causes 🙀 . Accident [osy [], In Homicide	nspection)nqu rmined	monne	-	d in my
	ACTUAL SIGNATURE	rand g. 1	Brownbant	_M.D. CHIEF MEDICAL						SIGNED
	EXAMINER'S NAME (Type)	FRANK J. BROS		DEPUTY MEDICA				1	1/6/	58
220	REMOVAL (Specify) CREMATION	N, 226. DATE THEREOF 11/8/58		CREMATORY EMATORY	PRIN	TION (City, town, CE GEO. ((Stot	e)
27	Raymond	WHEHREY, INC	ADDRESS SILVER SPRIN		NOV 1 0	150	return .			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12640

CERTIFICATE OF DEATH

	13010								Reg. Dist	. 140.	
. PLACE OF DEATH o. COUNTY	TGOMERY		MARYI		2. USUAL RESIDE			l lived. If institute b. COUNTY			
	(If outside corporate limits	write c	LENGTH OF STAY I	INI II		ARML		rote limits, write f	THE VALLEY	OMER	
RURAL and give r	nearest town)	c.			F1				OKAL ONG GI	re negresi	iowii,
				3	01	The second second	R SPF	RING			
OR INSTITUTION	TAL (If not in haspital, gi	ve street odd	ress)		d. STREET ADI	DRESS				e. 19	N A FARM?
	8013 TAKO	MA AV	ENUE		80	013	TAKON	A AVEN	UE	YE	S NO
	Firs	t	Middle		lost		4. DATE	Moi	nth	Day	Year
(Type or print)	MAR	Y	Α.		BROW	VN	DEATH	7	7	18	19 58
SEX				D B.		V 4.1		9. AGE (In years	IF UNDER 1		
FEMALE					10/5/9	92		last birthday) 66 yrs.	Months [Days Ho	ours Min.
during most of wo	rking life, even if retired)	one 10b. KIN	ID OF BUSINESS OF	R INDUST				ountry)			
	.1. 13					A trial designation in con-				U.D.	B.e.
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			CIAL SECURITY NO.	. 17. IN	FORMANT			Add	ress SIL	VER	SPRIN
				MRS	. S. M.	DE	FFINE	BAUGH 8	904 F	LOWE	RAVE
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							4427		VEN IN PART	P	ERFORMED?
20a. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED.	(Enter nature of i	injury in P	Port 1 or Part	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea 19	While _	Nat while	20e. PLAC	CE OF INJURY (Ho ory, street, office b	ome, form bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote
21. I certify to alive an	hat I attended the Nov 14 Memily	deceased , 195				9.4	.M, from	the causes	and an the		
PHYSICIAN'S NAME (Type)	MERRILL	M.	CROSS	14.1	D. Sii	100	ER	SPR	ING	2,1	Yaryla.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fittled page 3 and be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to buriol, crematian, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

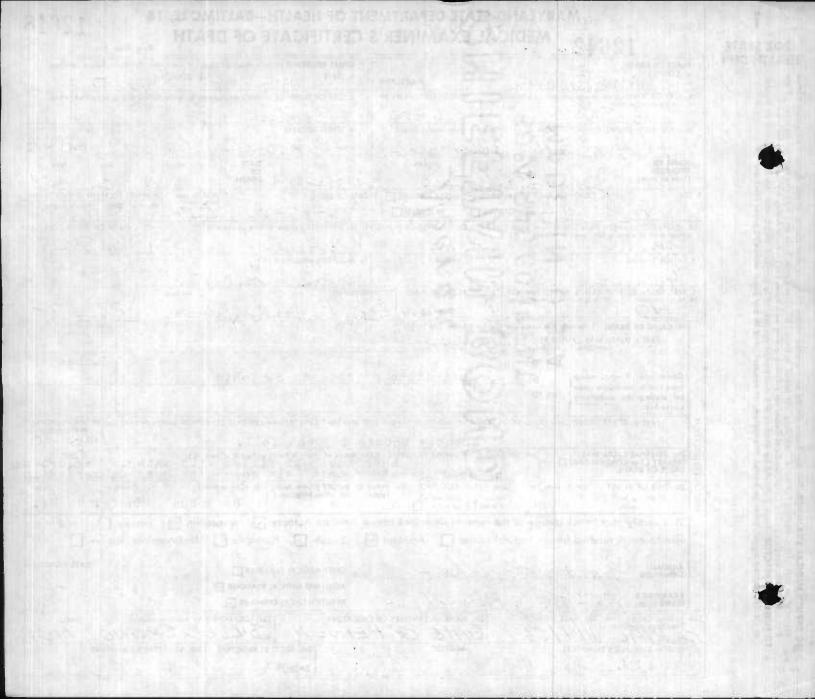
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MARYCAND STATE DEPARTMENT OF HEALTH-BALTIMORE, TR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN H c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF DATE DECEASED DEATH (Type or print) 1958 9. AGE |In years COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Days Hours WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of serfice) amy E 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o) DUE TO Sudden Conditions, if any, which) Aspiration of stomach contents gave rise to immediate cause DUE TO (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO Apparently became ill and fell. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of item 18.) bath tub half filled with 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Neg drowning pino CAUSE OF DEATH. Found dead in bath room of his home with head submerged in 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) Not while Home Bethesda Montg. Md. at work of work 21. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection I, Inquiry . opinian death resulted from: Natural causes . Accident . Suicide . Homicide | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Shau 22d. LOCATION (City, town, or county) 0 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DANOV 5 arthur & Krays



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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3. NAME OF DECEASED (Type or print) TUL/A		Day Year 6 1958		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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Section 10 FUNERAL TOR: After this certificate has been signed by the attending physicion and campletely filled popers. Pages 3 stylenges detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 77 hours after death.

CERTIFICATE OF DEATH

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3. FATHER'S NAME			1	4. MOTHER'S MAIDEN N	IAME				117
William	McClanahan Bus	sey		Mary Eme	elia B	rown			
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		1611
no		035 07 3927	Mrs.	. Mary B. Fa	y, Ta	koma Parl	k, Md.		
	EATH WAS CAUSED BY:		a					e before admission, ive nearest lown) e. IS RESIDE ON A FA YES	ETWEEN MEEN
	any, which) (b)	Septicemia,	Pro	bably Sta	phylo	ococcal		24 h	ours
tying couse lost	g the under-	Decubitus u	lcer	es, Buttoc	ks,	old			
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	VAS UNDERLYING 206. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (E	inter nature of injury in P	Port I or Port	I II of item 18.)			
Hour o. m.	. 10 W	hile Not while	PLACE foctory	OF INJURY (Home, farm, , street, office bldg., etc.	20f. (City	or town)	(Co	unty)	(Stote)
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	12645	CERTIFICA	ATE OF DEATH		1262. Reg. Dist. No.
-	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Phode	re deceased lived. If institution b. COUNTY	an: Residence befare admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Silver Srping	c. LENGTH OF STAY IN 15 3 Weeks	c. CITY OR TOWNERS OU	tside carporate limits, write R	URAL and give nearest town) 76 X - 3
	OR INSTITUTION		d. STREET ADDRESS 156 Medi	way Street	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) Julia Bridene	r Busey	Last	06	
	Female Caucasianow	VED DIVORCED		8/ yrs.	Manths Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind af wark dane 10b during most af working life even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNT
י	3. FATHER'S NAME HAWRICE Bride	ner	14. MOTHER'S MAIDEN NA	J. Curley	
	5. WAS DECRASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or ynknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	MUS. Mary	B. Fay. Add	Wenne Pack. M.
	PART I. DEATH WAS CAUSED BY:	•	rhage	0	INTERVAL BETWEEN
	Conditions if any which) DUE TO				
	gave rise to immediate cause (a), stating the under- lying cause last.				
3			NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED2 YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Pa	art I ar Part II of item 18.)	
	Haur o. ft. While	Nat while fo	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State
	PLACE OF DEATH a. COUNTY MONTGOMENT MONTGOME			that I last saw the deceased on the date stated abo	

ADDRESS (Street, city or town, state) 10609 Concord St. Kensington, Maryland ACTUAL Robert T. Thibadeau, M.D. PHYSICIAN'S NAME (Type)

22a. BURIÁL, CREMATION, 22b. DATE THEREO	958 M. CLIME OF SEMETERY OF GREAT	nellry Bal	ION (City, town, or counting the counting to t	Macyland
23. FUNERAL DIRECTOR'S SIGNATURE	254 Careel St.	240. RECD BY REGIST	RAR 246. REGISTRAR'	S. Thank

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CERTIFICATE OF DEATH

B. CITY OF TOWN If outplet carporate limin, while c. LENGTH OF STAY IN 16 D. C. CITY OF TOWN (If outlide corporate limin, write RUEAL and give nearest from the country of	10000	O S IX I I I I		Reg. Die	t, No.
B. CHY OR TOWN (If evolide corporate limin, write RUBAL and give nearest form) RUBAL and give nearest form) A. S. H. S.	/h	MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE		ce before admission)
d. NAME OF HOSPITAL (If not in hospital, gives street address) OR INSTITUTION A SHARED OR A SAME OR MASTURE ADDRESS ON A SAME OR MASTURE ADDRESS ON A SAME OR	b. CITY OR TOWN (If autside carporote limits, with	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	rporate limits, write RURAL and g	ive nearest town)
ON A FARMY	12Koms Park	lenv. 4 min	New York	CITY	69×-3
DEFARED DIVINE OPERATION S. SER G. COLOR OR RACE MARRIED NEVER MARRIED NEVE	OR INSTITUTION	in of Hange	d. STREET ADDRESS	中から	ON A FARM?
5. SEK 6. COLOR OR RACE 2) MARRIED NEVER MARRIED NEVER MARRIED 10. EVAN COLOR OR RACE 2) NOVACED 9. AGE (In your light-initiday) 10. SULAL OCCUPATION (Give kind of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Slobe or foreign country) 14. MOTHER'S MAIME 15. WAS PIECESSED EVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS PIECESSED EVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (If it is married) 18. CAUSE OF DEATH (IT IS MARRIED) 18. CAUSE	DECEASED	b. L.	OF		
DIVORCED DIV	5. SEX 6. COLOR OR RACE Z M		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASEDEVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. I	A CALCALLA TATAL		5-9-77	yrs.	Days Hours Min.
13. FATHER'S NAME 14. MOTHER'S MAINE 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d.)] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d.)] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d.)] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d.)] 19. WAS AUTOPSY 19. WAS	during reast of warking life, even if retired)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	n country) 12. CITI	*
15. WAS DECEASED EVER IN U. S. ARKED FORCES? 17. THE TOP OF STAND DECEASED BY INTERPAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART II. DEATH WAS CAUSE DEV. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 10. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 10. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 10. THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. 10. DEATH OF THE TOP OF SIGNIFICANT CONDITIONS CONTRIBUTION OF THE THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. 10. DEATH OF THE TOP OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. 10. DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. 10. DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. 10. DEATH OF THE TERMIN	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		merica.
The composition of the production of the control	Daniel 4, Byy	rhe	mary 1	nachenzie	
PART I, DEATH WAS CAUSE (e) 33/ X DUETTO Conditions, if ony, which gave rise to immediate couse (o), stating the under thing couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES DUE TO ONSET AND DEATH O		16. SOCIAL SECURITY NO. 17. III	POS DE LA PRO	Address Address	
TOTAL TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 19 While Not while of work of wo		r line for (a), (b), and (d)]			
Conditions, if ony, which gave rise to immediate cause (a), stating the under tying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING WITH MARKED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I CERTIFY THAT I attended the deceased from While at work of an work of	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Wichnel (10ciding		ONSET AND DEATH
ON ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING WAS UNDERLYING TO DEATH ON THE CONTRIBUTION OR C	Conditions if any which	Anemia =	Severe.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Manth, Day, Year 19. While Not while of work of	cause (a), stating the under-	SIXCELATING	1 Shock		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work 19 at		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased fram 1 2 1, 19 , to 1 2 1, 19 , that I last saw the decease alive an 1 2 1, 19 , and that death accurred at 1 2 1, 19 , fram the causes and an the date stated above ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE M.D. 7600 CAY (Street, city ar town, state) PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c roame OF CEMETERY OR CREMATORY REGISTRAR (Stote) (State) (200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or 1	Part II of item 18.)	
alive an	20c. TIME OF INJURY Month, Day, Year 20d Hour o. m. 19 of wh	nile Not while fac	ACE OF INJURY (Home, form, 20f. (Citory, street, affice bldg., etc.)	City or town) (C	iaunty) (State)
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. 7600 CAY (1) ATC THE SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwn, or county) RESOLUTION (City, Igwn, or county) Control of the country Control of the control of the country Control of the cou	21. I certify that I attended the dece	eased fram 11-6-5	8 , 19 , to //- /	35 , 19 ,,that I I	ast saw the decease
ACTUAL SIGNATURE CONTROL AND TOO CONTROL AND THE SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (City, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION, 226, DATE THEREOF RESOLUTION (CITY, Igwin, or county) ACTUAL CREMATION (CITY, Igwin, or county) RESOLUTION (CITY, Igwin,	alive an, 15	and that death			
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF RESOVAL (Specify) 100. 8, 1958 Rock Creek Cemetery or Crematory 22d. LOCATION (City, Igwn, or county) (Stote) 23. FUNESHI DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR Jab. REGISTRAR'S SIGNATURE		l'aren	M.D. 7600 CAXT	Art 141	14190 PAY
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. TSAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) 100. 8: 1958 Rock Creek Cemetery Washington; 23. FUNESHI DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR Jab. REGISTRAR'S SIGNATURE				,	Ind:
V (1) Thus O. alter 25/ Carrall DI 24/10		22c MAME OF CEMETERY OF	Cemelly To	CATION (City, town, or county)	
	23. FUNERAL DIRECTOR'S SIGNATURE 2. Urthus 24 alters, 2.	Sy Carroll Di	14/11/00		

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relatined by the haspital ar attending physician.

TO FUNES TOTRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. And be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar remayal, and in any event within 2-frours after death. VS A1S (4) 15M 9/55

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FOR STATE HEALTH DEPT.

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y is necessary, please perol director. Page of far your files. Board of Health, ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuse it forwarded to the Chief Medical Examiner's Office along with form PMS. Pages 5 may be reconstituted to the Chief Medical Examiner's Office along with form PMS. Pages 5 may be reconstituted by the constitution of the pages 1 and 2 with the item of the property prior to burial, cremation, are removal, and in any event within 72 hours after death

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VS. ATSME	
5M 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

12623

	E OF DEATH	NTGOMERY				2. USUAL RESIDENCE (}
h cu				MARYL		MARYL			MONTGO		
	nd give nearest town	autside carparate limits, write	RURAL	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (I			RURAL ond giv	re nearest town)	
		SPRING		8 years			R SPRI	NG			
d. NA		IST AVENUE		spital, give street address)		d. STREET ADDRESS	ATTENTT	779		e. IS RESIDE	RM?
						' 905 GIST	7	E		YES NO	°X
3. NAM DECE	ASED	Fir		Middle		Lost	4. DATE OF	Month		oy Year	
	or print)	ELIZABE		Dillon	-	LAHAN	DEATH	NOV.	2		
5. SEX	COLAT TO			ED NEVER MARRIED				9. AGE In years fast birthday	Months Day	-	
	EMALE	WHITE	WIDOWE		-	OCT. 31, 18		79 yrs.			
during	JAL OCCUPATION most of working	N (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	ADUSTR					OF WHAT COU	INTRY
Space in contrast the	MAKER		OW	N HOME		WASHINGT		0.		U.S.A.	
	HER'S NAME	lon				14. MOTHER'S MAIDEN I					
						Joanna G	allagn	er			
[Yes, no. e	r unknown)	R IN U. S. ARMED FO (If yes, give war ar doles at	service)	SOCIAL SECURITY NO.		ORMANT	oClain	Address OO 5 CS c	de Anno		
no	2			none	Par	s. Joseph L	ECTATI			11.3	
18.		H [Enter only one cou	se per line	for (o), (b), and (c).]				STIVEL	Spring	TENAL WEEN	
	PART I. DEAT	H WAS CAUSED BY:		CORONARY (OCCL	USION				SUDDE	N
4	120.1	DUE TO									
	nditions, if on										
	e rise to immed , stating the u										
cou	se last.) (c)									
ğ	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTO	
3_										YES NO	
B PRIA	EXTERNAL CAU MARY D or CON ISE OF DEATH.	SE WAS	6. DESCRIB	E HOW INJURY OCCURE	ED. (En	ter noture of injury in Po	rt t or Part II	of item 18.)			
20c.	TIME OF INJUR	Y Month, Doy, Yes	r 20d.	INJURY OCCURRED 20e	PLACE	OF INJURY (Home, for	m, 20f. (City	or town)	(County)	(510	ote)
WED	Hour o. m.	19	While of we	e Not while	factor	y, street, office bldg., etc	:-)				
-		at I taok charae	of the	remains described	obov	e, held an Autaps	sy 🗖 . I	nspection 1	Inquiry 1	and in	my
				causes 🔼 . Accide	_	_			rmined mar		,
	TUAL NATURE	France J. 6	3non	hart		M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNE	ID
	AMINER'S ME (Type) p	RANK J. BR				ASSISTANT MEDIC DEPUTY MEDICAL		toud .	1	1/24/58	
	RIAL, CREMATION			22c. NAME OF CEMETER		REMATORY CEMETERY		TION (City, Iown, o		(State)	
23 _L FNN	ERAL BIRECTOR'S	SHENDING -	INC.	ADDRESS			D BY REGIST		STRAR'S SIGNA		-
Pa	Uman	1 a. Bis	Ei	SILVER SPR	ING	MD. DATE	NOV 2 6	'58 C	Wilmy S. 1	France	

BI BROWNIA LARGE WEINTE ARECT AVE CHAPTE		
MEDICAL EXAMINERS CERTIFICATE OF DEATH	3-001	h
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	Religion and the second second	

12647

CERTIFICATE OF DEATH

Reg. Dist. No.

	TOAT	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY.
1	MONTORMERY	MAKYLAND MENTOOMERY
1	6. CITY OR TOY'N (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAD and give nearest town)
	1814VIARI SPARVINON 30 MINUTES	SILVER SPRING 56
	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS O . 15 RESIDENCE
_	SUBURBAN HOSP, BETHESDA, MO.	2819 IVVDALE STREET VES NO NA FARMY
	3. NAME OF DECEASED Middle	Lost / 4. DATE Month Day Yeor
	(Type or print) PHILIP ANTHONY C	AMARANO DEATH NOVEMBER 27 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	OCT, 12, 1953 ost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) ONE	LANSING MICHIGANI Y.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	But and Animari Panagana	Dana and Parasis D'
	MITHORY MICHAEL CAMARANO	IJAKISARA CHTHERINE MINEHART
	[Yes no or unknown] . Iff was one was as dates of service)	INFORMANT Mr. Anthony M. Camarano
	NONE	FATHER 1819 IVVOALE ST.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CARDIAC AR	REST ONSET AND DEATH
	174X IMMEDIATE CAUSE (6) CARDIAC AR	AC 97
	ADUTE TORRUE	- I MOVALDITIC SENERS 24 A.
	gove tise to immediate	LARYNGITIS SEVERE LY hours
	couse (o), stoting the under-	TA 5440
	lying couse lost.) (c) C LARYNGEAL	EUEMA
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
-	13 / YO/Y E	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH IT IT THERE, NOTIFY MEDICAL EXAMINERS	ED. (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	19 17 18	octory, street, office bldg., etc.)
		0. 55. 0. 0. 0.
	21. I certify that I attended the deceased fram November	
	alive an Marchaeles 27, 1958, and that death	n accurred at 1199 A.M., fram the causes and an the date stated above.
	1 1 1 1	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE Selds Slup	MD. 1/502 GRANDVIEW AVE. NOV. 27
1		1000
	PHYSICIAN'S BELDEN R, REAP	SILVER SPRING MD. 1738
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 11/29/58 GATE OF HEAV	EN CEMETERY MONTGOMERY COUNTY, MD.
	23. FUNERAL DIRECTOR'S SIGNATURE	G. MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER SPRIN	G. MD. DATE DEG 1'58 Circling S. Princes
	I I CONTRACTOR I W. JUNEAU A.	

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNEY—DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 x₁ dbe detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

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	建设的设施 。	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12648

CERTIFICATE OF DEATH

12625

1.0013	02:(1::10:			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institutio b. COUNTY	n: Residence before admission) Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	
Bethesda	21 days	XWheaton		
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS	3	e. IS RESIDENCE ON A FARM?
	resda 14, Md. 1	2310 Blueri	dge Ave., Apt.	105 YES NO
3. NAME OF DECEASED (Type or print) Alyce	Middle Brooks	Campbell	4. DATE Manti	ember 26, 1958
5. SEX 6. COLOR OR RACE 7. MARRI	ED T NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED	October 19,	1,916 lost birthday)	Months Days Hours Min.
 USUAL OCCUPATION (Give kind of work done 10b. If during most of working life, even if retired) 	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	nascertainable	Texas	Links III	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Walter A. Hall		Myrtle Wa		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	NFORMANT The Med:	ical Record Addre	ess
No 46	1-09-7199 TI	he Clinical Co	enter, Bethesd	a 14, Maryland
171 X DUE TO	Uremia Bilateral Uret	eral Obstruc i	ion	INTERVAL BETWEEN ONSET AND DEATH 3 WKS
	Carcinoma of C	ervix		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
Hour o. m. While	JURY OCCURRED 20e. PLA Not while foci of work	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive on November 20, 19, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) John S. Dillon	nelow	occurred of 6:16) The Clinic The Nation	vember 26, 19 58 P.M. from the couses or ADDRESS (Street, city or town, s al Center al Institutes 4, Maryland	11-27-58
220. BURIAL, CREMATION. 22b. DATE THEREOF BUR-I ransit 11/28/58	22c. NAME OF CEMETERY OF Mt. Olivet		22d. LOCATION (City, town, or Ft. Worth,	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Beth	ADDRESS nesda, Marylan	ad 240. REC'D		TRAR'S SIGNATURE

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physicion.

TO FUNER— DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3. April be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, or removal, and in any event within 72 hours offen death.

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VS A15 (4) 1SM 10/57

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	ITAGGROS		
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varia, Texas			52.85/11 albert 1-116
THE PROPERTY AND PERSONS AS IN			Robert A. Pumpurey-B
	The state of the s		

12600 CERTIFICATE OF DEATH

Reg. Dist. No

1	-									Reg. DIST.	. 140.	
		PLACE OF DEATH				- 11	. USUAL RESIDENCE (W	Vhere deceased	lived. If institution b. COUNTY	nı Residence	before odr	nission)
		mont	armery		MARYLA	IND	Mak	2NE LVE		non	190 n	nevy
	t	. CITY OR TOWN	IF putside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	C. CITY OR TOWN UE	eurside corpor	rote limits, write R	URAL ond giv	e nearest to	own)
	-	RURAL ond give h	egrest fown)		25 min	15	6Silver	Chr	ich a		U	
		d. NAME OF HOSPI	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS	1		1 01	e. 15	RESIDENCE
)	30	ShingI	on Sanita	viur		5	10124	- 9x	eenoc	K Kd		A FARM?
	3. 1	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF DEATH	Mon	th	Day	Yeor
		Type or print)	Cov	A	Iver	e	Conter.	DEATH	11	-	5	1958
	5. S	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost bythdoy)			NDER 24 HRS.
М	F	Emale.	W.	WIDOW	DIVORCED		3-2-8	2	76 yrs.	Months D	lays Hou	rs Min.
1	100.	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stot	e or foreign co	iuntry)	12. CITIZ	EN OF WH	AT COUNTRY?
)	,	fome n	king life, even if retired		wn Home		man	byelv		0.	30.	
1	13.	FATHER'S NAME	IGREY		711 210110		14. MOTHER'S MAIDEN					واد باسات ا بيد علي
		Wallis.	R	120.			Q.L.	4 A D	F			
	15	WAS DECEASED EVE	R IN U. S ARMED FOI	RCES2 14	SOCIAL SECURITY NO.	17. INFO	PRMANT	cca	I E V G	uson	1	
	(Yes	no. of unknown)	(If yes, give war or dates of	service!	JOCIAL SECONITI NO.	1	1	10.	7	***		
	_	110					10501121	11500	ras			
	30	The state of the s		ouse per lin	ne for (o), (b), and (c).]	1	_ 0 /	1	·_A	/		BETWEEN ND DEATH
		PARI 1. DEA	TH WAS CAUSED BY:	1 (0	ronning a	rees	so Christian	Muris	wals	1		
Ħ	260X DUE TO + 0. (1. 1. The 2hr									ina		
И		Conditions, if o	ny, which)	n	gacara	cas	wyork	1000				7
Э		gave rise to i	mmediate (0	111)	an A				11	0.0
П		lying couse lost.	ine under-	, 64	abeles	me	Elelus.				107	7001
	Z	PART II, OT	HER SIGNIFICANT CON	IDITIONS &	ONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. W/	AS AUTOPSY
	ATK	Le	neinen	200	1 arlerno	all	centre ca	Mior	vase de	seuro	YES	REPORMED?
	E	20a. ACCIDENT W	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter nature of injury in	Port I or Port	Il of item 18.)			
	CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJUS	Y Month, Doy, Ye	1		Oe. PLACI	OF INJURY (Home, for y, street, office bldg., et	m, 20f. (City	or town)	(Co	unty)	(State)
	WED	Hour o.m.	19	While of wor	k of while	100101	y, street, office blog., e	10.)				
		21 Learning th	at Lattended the	deceas	ed fram Jan	1	, 19 <i>5</i> %, ta	5 N/	10.58	that I la	et com th	a deceased
		alive an	- 11		and that d							
		dive di	ot of Wall Talendam	, 17_3	e, and mar a	leain a	ccorred at 12121		reet, city or town,		e date st	DATE SIGNED
		ACTUAL	1100/18	321	1 21	~	037				11/5/	58
		SIGNATURE	man g	17	Clare -	M.I	Silver	spring	مالالا			
		PHYSICIAN'S ET NAME (Type)	nest Harr	non,	M.D.							
		REMOVAL (Specify)	ON, 226. DATE THERE	OF	22c. NAME OF CEMETE	ERY OR C	REMATORY	22d. LOCAT	ION (City, town, o	or county)	(5	itote)
	_	Burial	11/7/58	3	Mt. Carme	J C	emetery	Uppe		oro,	Mic	3
	23.	FUNERAL DIRECTOR	'S SIGNATURE	. /	ADDRESS	1	240. REC	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE	
1	1	uchase.	13/12-11	bh	m Marel	ent	MAN DATE	NOV 1 0 '	58 a	rthun S.	Traces	
2	-		-									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, 2 should be filed with DIRECTOR: After this certificate has been signed by the attending physician and campletely filled be detached far use as the burial-transit permit. Then please remave carbon papers. Pages priar to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by the haspital or attending physician.

TO FUNES DIRECTOR: After this certificate has been si page 2: 40 Id be detached for use as the burial-transit

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o. COUN		MONT GOM	E R Y	MARY	LAND	2. USUAL RESI	MARY.		l lived. If instituti b. COUNTY		NTGO		sion)
RURAL	ond give nec	outside corporate lim prest town) SPRING	its, write	approx 5		c. CITY OR		er SPR	rote limits, write R	URAL ond	give ne	prest town	n)
d. NAME OR IN	OF HOSPITA STITUTION	L (If not in hospitol, 807 STERL)				d. STREET A		RLING	ROAD				SIDENCE A FARM?
3. NAME O DECEASE (Type or)	0	ELLA	rst	Middle AMELIA	(Los CARMAN	t	4. DATE OF DEATH	Mor N-O	nth V	18	4	Yeor 19 58
5. SEX FEMAL		WHITE	WIDOWE	- 1		B. DATE OF BIRTI			9. AGE (In years lost birthday) 90 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
10a. USUAL during r HOMEMA	nost of works	N (Give kind of working life, even if retired)	KIND OF BUSINESS O	R INDUS		ACE (SIO10 CHIGA)		untry)		J.S.		COUNTRY
13. FATHER'S ROBE	RT B.	MINAR				14. MOTHER'S HEL		ANDRE	WS		-54		
15. WAS DEC	NO (16	IN U. S. ARMED FOI yes, give wer or dates of		NONE	1	FORMANT S. Louis	F. M	iller,	807 Ster	ling			
15	ART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c		Tree for (a), (b), and (c).	no	mol	102	tus	Silver 8		- " IFAII	ERVAL BE SET AND G 94	DEATH
couse (rise to im o), stating th ouse last.	mediate DUE TO	:}			0							1
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:												
OR CON	ITRIBUTING [UNDERLYING [] CAUSE OF DEATH REDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature a	Finjury in P	ort I or Part	II of item 18.)	3.8			
\sim	of INJURY or o.m. p.m.	Month, Day, Ye	ar 20d, IN While at work	Not while	20e. PLA foct	CE OF INJURY II ary, street, office	tome, farm, bldg., etc.	20f. (City	or town)		(County)		(Stote)
21. I c	11	t lattended the	decease		5 death	, 19 <u>38</u> accurred at.		1 /98 M. from	19.52 the causes o				
ACTUAL SIGNATI	JRE 6	horWK	for	whole	V N	(D. 4)			eet, city or town,		7 6		ATE SIGNED
PHYSICI, NAME (1	AN'S C	HAS.W	HA	RNSBER	PGF	P lur	esh	wg	ton	U		DE	1
220. BURIAL, REMOYA BURIAL	L (Specify)	11/23/58)F	22c. NAME OF CEME SARANAC CH	TERY OR				ON (City, town, o			(State	e)
Raym	DIRECTOR'S	SIGNATURE II	yc.	STLVER SPE	RING	, MD.	240. REC'C	BY REGISTE		tran's si			

TO FUNE POPE TO HOSPITAL VS A15 (4) 15M 9/55

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the funeral director, should be filed with

requires that the death certificate be executed within 24 hours after death. Page

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Then please remove carbon papers.

the attending physician

ined by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by Id be detached for use as the burial-transit permit. prior to burial, crematian, ar remaval, and in any e

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IRECTOR: After this certificate has been signed by the attending physician and completely filled the detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 ab detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 ab detached far use as the burial-transit and in any event within 72 hours offer death. page 3 start be detached for use as the burial-transit permit. TO FUNED POGE 3 th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

VS A15 (4) 15M 10/57

the funeral director, should be filed with

requires that the death certificate be executed within 24 hours after death; Pag

L		12001	,	CEKI	IFIC/	AIE OF L	EAIF	1			Reg. D	ist. No.		
1.	PLACE OF DEATH a. COUNTY Montgomery	У		MAR	YLAND	2. USUAL RESIDENCE PROPERTY LA	DENCE (Wh	ere decease		institutio OUNTY	Alle			sion)
	b. CITY OR TOWN (If RURAL and give ned	autside carporate lim	ils, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	utside carpo	orate limits,	write RI	JRAL and	give nec	rest tawr	1)
	Bethesda	urest rown,		52 days		Cumber	rland					010	02	2
	d. NAME OF HOSPITA	AL (If not in haspital, s	give street	address)		d. STREET A	DDRESS						e. IS RES	
		cal Center	, Bet	chesda 14,	Md.	439 W:	illian	is Sti	reet					FARM?
3.	NAME OF DECEASED	Fi	rst	Middl	e	las	1	4. DATE OF		Mont	h	Do	у	Year
	(Type ar print)	Charl		Fran		Carnel	11	DEATH	No	veml	ber	- {	3	1958
5.	SEX	6. COLOR OR RACE	7: MARI	RIED MEVER MARE	RIED 🔲	B. DATE OF BIRTH	н		9. AGE (III	years				R 24 HRS
	male	white	WIDOW			December		1894	63	yrs.	Manths	Days	Haurs"	Min.
10	during most of worki	N (Give kind af warking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign c	auntry)		12. CI		-	COUNTRY
	ailroad Co			Railroad	0. 3	West	t Virg	ginia				U.S	3.A.	3
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		F	100		100	4
	George Car					Sarah								No.
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY N	17. 1	NFORMANTThe								17. 19.
_	yes	I WW		scertainab	14	The Cli	nical	Cente	er, Be	the	sda]	14, 1	Mary.	land
		TH [Enter anly one co	use per li	ne far (a), (b), and (c).]	0							RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	Ca	remon.	n 7	The	lun	un c	- ge	uch	o han	- ONS	Tura	
	163X	DUE TO)	3	1 1		(0					
	Canditians, if an)							450				
	gave rise to im cause (a), stating H)					WILD				- 13		top.
-	lying couse last.) (c									J-749			
CERTIFICATION		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITI	ON GIVI	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature a	f injury in P	art I or Par	t II of item	18.}			4	
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (I	Home, farm,	20f. (City	or tawn)			(County)		(State)
MEC	Haur a.m. p. m.	19	While at war	k ot wark	100	, sireer, dirice	r blog., etc.,					Rin.	4	
	21. I certify the	at I attended the	deceas	ed from Sept	embe:	r 1719 58	to Nov	rember	r 8	0 58	that T	last co	w the	deceased
	alive an Nove	- 0	. 19			occurred at		M from	n the ca	11505 O	nd on I	he da	o state	d above
			10 -	2 -0		000000000000000000000000000000000000000			treet, city a			ne du		ATE SIGNED
	ACTUAL SIGNATURE	Tenashey !	11	Mard		M.D. The	Clin	ical (Center	r			11-8	8-58
	//	***		1					itutes		Hea	lth		
	PHYSICIAN'S NAME (Type)	James M. N	larsh	M. D. %		Bet	hesda	14. 1	Maryla	and				
220	BURIAL, CREMATION			22c. NAME OF CEN		R CREMATORY			TION (City,	tawn, a	r county)		(State	e)
B	ureneyal (Specify)	Nov.11,	1958	Hill Cr	est	Cem.			nberl			d.		
23.	FUNERAL DIRECTOR'S			ADDRESS	8		24a. REC'D	BY REGIS	TRAR 24	. REGIS	TRAR'S SI	GNATUR	E	
	Byron Ki	.ght Cumb	erla	ind, Mil.	1		DATENO	1105	8	an	hung 8.	Krau	4	



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18
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19690

		1263	51	CERTIFIC	CATE	OF DEATH	H		Reg. Di	st. No		043
1. PLACE C	OF DEATH NTY MONTGO	MERY		MARYLAN	11 0	SUAL RESIDENCE (WI STATE MARYLAND	here deceased	b. COUNTY	on: Residen		re admis	sion)
		utside carporote lim est town)	its, write	c. LENGTH OF STAY IN 1	b c.	CITY OR TOWN (IF	autside carpo				prest faw	n)
d. NAM OR II		(If not in hospital, (give street		1 4	STREET ADDRESS GAITHERS	BURG, M	D			ON A	SIDENCE A FARM? NO
3. NAME (DECEAS (Type or	ED	Fi	NIE	Middle	CE	lost PHAS	4. DATE OF DEATH	Mon	1 4	Do		Year 19 58
5. SEX		S. COLOR OR RACE	7. MARR	D DIVORCED	1	E OF BIRTH	5	9, AGE (In years' last birthday) 83 yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUA during	L OCCUPATION	(Give kind of work g life, even if retired	dane 10b.	KIND OF BUSINESS OR IN				auntry)	12. CI1	IZEN C	A .	T COUNTRY
13. FATHER		L FISHER			14.	MOTHER'S MAIDEN I						
15. WAS D (Yes, no. or u	ECEASED EVER I			SOCIAL SECURITY NO.	7. INFORM		I	Add V Ga	ither	shur	er . We	1
	PART I. DEATH	I [Enter only one co WAS CAUSED BY: MMEDIATE CAUSE to	11-	re for (a), (b), and (c),	car	hiraecila	dus	eist		INT	ERVAL BE	ETWEEN DEATH
Conc	422 ditions, if any	DUE TO			1						1	
couse	e rise to imme (a), stating the cause last.	nediate (,									
NO CERTIFICATION OU CO. C.C. (IL ELLI	PART II. OTHER	SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(a) 1	PERFC	AUTOPSY DRMED?
	CCIDENT WAS ONTRIBUTING E HER, NOTIFY MI	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Ente	er nature of injury in	Part I or Par	t II of item 18.)				
	ME OF INJURY Have a.m. p. m.	Month, Day, Ye	ar 20d, II While at war	Not while	foctory, s	F INJURY (Hame, farr treet, affice bldg., etc	m, 20f. (City	or town)	(1	Caunty)		(Stote)
21. I alive	9/1-	I attended the	deceas	ed from Note	ath accu	,		n the causes of treet, cityer town,	ond an t		ite stat	decease
ACTUA	AL TURE	neo V.	Ku	1	M.D	Un	nace	us, Me	J		11	651
NAME	CIAN'S (Type)	Low Oaks Viscos					lan ing					
REMO	AL, CREMATION, DVAL (Specify) TAL.	11/7/58	JF	22c. NAME OF CEMETER Brooke Gr		emetery	Le	TION (City, town,	le M	ary		fe)
23FUNER	AL DIRECTOR'S	SIGNATURE	nde	Rock	ielle	240. REC	OV 1 2	TRAR 246. REGI	STRAR'S SI	FILA	RE U.A.	

	CERTIFICATE OF DEATH	
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	Acres Canada District	
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		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

ARYLAND STATE CEPAREMINE OF HEALTH-BALTMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY a. STATE MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 21 days Laoshiun (Rural d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE U. S. Naval Hospital Navy Base YES NO T NAME OF First Middle Lost 4. DATE Month DECEASED (Type or print) DEATH Shao Hua CHANG 19 58 November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Male Mongolian WIDOWED DIVORCED [yes 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Armed Forces Chinese Marine Corps China China 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shaohua Yutien CHANG Wenchen WANG IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Official Navy Records None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatocarcinoma with metastasis mos. DUE TO Conditions, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m 21. I certify that I attended the deceased from November 8, 1958, to November 29, 1958, that I last saw the deceased __, and that death occurred at 4:35A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 12-1-58 U. S. Naval Hospital. NNMC D. P. OSBORNE, CAPT. MO. USN Bethesda 14, Maryland 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 20d. LOCATION (City, town, or county) Suitland, Maryland (State) Cedar Hill Crematory 12-5-58 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Adams Funeral Home, 4748 Wisc, Ave., NW, Wash, DEATE DEC arthur & Kraus

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	namen 1900 amoleikaan en	e ont took for	and a second second

HEALTH DEP neral director. Page for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is sexecute the certificate, writing the ward "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral 4 should (farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be refured TO FUNE. DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51 moons its designated agent, prior to burial, cremation, ar remaval, and in any event/Anthin, 2 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12601 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12631

eg. Dist. No.

					Keg. Dist. I	40.
1. PLACE OF DE	AŢH			(Where deceased lived. If		before admission)
a. COUNTY	monlyoner	MARYLA	o. STATE	nel b. co	MY YINUO	269
b. CITY OR TO	WN (If outside corporate fimits, write RUI	c. LENGTH OF STAY IN	c. CITY OR TOWN	(If autside corporate limits,	write RURAL and give	neafest town)
· ·	ahoma Ray	t 6-42	11 Tak	ans Po	uli	
d. NAME OF H		t in hospital, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
757	11 Carroll	ave	175-11	Earroll	aux	YES NO
3. NAME OF DECEASED (Type or print)	Rene First	wide Ch	atel	4. DATE OF DEATH	Month Do	Year 195
5. SEX		MARRIED NEVER MARRIED DOWED DIVORCED D	Deline it	9. AGE Jin y foot pirthday	ears IFUNDER 1 EA	
	UPATION (Give kind of work done working life, even if retired)	10b. KIND OF BUSINESS OR IN		te or fareign country)	12. CITIZEN	OF WHAT COUNTRY?
Trans	1	acht.	YONKE	RS, N.Y	1 1	SE.
13. FATHER'S NA			14. MOTHER'S MAIDEN	NAME		
LEU	115 1. CH	ATEL		Cleme	teld	
15. WAS DECEAS	SED EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 1 579-12-3668	MA RUCILLE M	Chatel, 110	OF. SYN. 8	E. Wash 10 (
TIE CAUSE O	F DEATH Enter only one couse p	per line for (o), (b), and (c).		111	IN	TERVAL BETWEEN
	I. DEATH WAS CAUSED BY:	(3)	celusion		9	NSET AND DEATH
420	IMMEDIATE CAUSE (o)	Coronary a	ceuus.			P a
	15 15-6					in del
	if ony, which (b)					
(a), stating	the underlying DUE TO					
-	II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH #	IT NOT RELATED TO THE TERM	MINAL DISEASE CONDITIO	N GIVEN IN PART Vol	19 WAS AUTOPSY
SATION TO SERVICE STATE OF THE	III, OTTER STOTAL CONTRACTOR			THE DISEASE CONDING		PERFORMED?
PART 20g. EXTERN. PRIMARY CAUSE OF D	or CONTRIBUTING	ESCRIBE HOW INJURY OCCURRE). (Enter noture of injury in Po	art I or Port II of item 18.)		
20c. TIME OF	F INJURY Month, Day, Year		PLACE OF INJURY (Home, far factory, street, office bldg., et	rm, 20f. (City or town)	(County)	(State)
Hour	d. m. p. m. 19	While Not while at work at work	ideloty, street, office blog., w			
_	ify that I taak charge at	the remains described	bave, held an Autop	sy , Inspection	[Inquiry [2), and in my
	eoth resulted fram: Nat	-			ndetermined man	
ACTUAL SIGNATURE	French Col	Broschast	M.D. CHIEF MEDICAL	EXAMINER		DATE SIGNED
EXAMINER' NAME (Type	5 17 11 11 -	Rhoch		L EXAMINER	11-27.	-5-8
220. BURIAL CRE		13 FUS Che P	OR CREMATORY	22d. LOCATION (City,	lown, or county)	(State)
BREMOVAL (S	DEG1. 19	58 ARLINGTON	(NATI CEN	ARLINGT	TON APL	0. VA
23 JUNE 1 919	EGOVERNOUS A	ADDRESS TAKE	CANA PARK, 240. REC		REGISTRAR'S SIGNAT	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19654

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	10	003	CERTIF	ICAT	E OF DEAT	H		Reg. Dist.		
1. PLACE OF DEATH o. COUNTY Mont	romerv		MARYLA	1	usual residence (d lived. If institution b. COUNTY	n Residence	before odd	nissian)
b. CITY OR TOWN (I RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (f autside carpo	prote limits, write RU	IRAL and giv	e nearest t	own)
Bethesda			8 days	2	6 Rockville	е				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET ADDRESS				e, IS	RESIDENCE N A FARM?
Suburban	Hospital				Route 2				YES	□ NOX□
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Monti	h	Day	Year
(Type or print)	Charle		C.		agett 🥖	DEATH	71046	mber	7	19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UI	NDER 24 HRS.
Male	White	WIDOWE			8/17/00		58 yrs.			
during most of work	ing life, even if retired	4)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	ite ar fareign a	ountry)	100		IAT COUNTRY?
Labor fore	man	I	Building		Maryla			U.	S.A.	
13. FATHER'S NAME	/				4. MOTHER'S MAIDEN					
Charles C.					Cora Al	lison				
	If yes, give war or dates of	RCES? 16.		17. INFO		d		"Rout		
Yes	W.W. I		Unknown	Mrs	. Lola A.	Lagett	;	Rock	ville	
		ause per lir	ne for (a), (b), and (c).]		-11/	/			ONSET A	BETWEEN ND DEATH
	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	anyo CA	rolat	a/ dr-1/2	18/2	n			
420,0	DUE TO		3 /-		9.	11.	111	-		
Canditions, if a		01 16	July 1 CAS	-Cl	e-ptre/	Hen-	- yenic	en a		
cause (a), stating)								
lying cause last.		c)								A A A A A A A A A A A A A A A A A A A
PART II. OTH	for significant con	NOTIONS C	Contributing TO DEAT	H BUT NO	TRELATED TO THE TER	MINAL DISEAS	SE CONDITION GIVE	N IN PART 1	PE	REORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury i	in Part I ar Pa	I Tof item 18.)			
20c. TIME OF INJUR Haur a. m.	Y Month, Day, Ye	20d. If While at war	Not while		OF INJURY (Home, fa y, street, affice bldg., o		y ar tawn)	(Co	unty)	(State)
21 I certify th	at Lattended the	decens	ed fram 10-	S	1958, to	11-7.	- 10.55	that I la	st saw t	he deceased
alive on //=	600	19 4			courred at 5.45	AM from				
		/		edin d	corred diseasing	ADDRESS (S	itreet, city ar Jawn, J	yoje) /	1 1	PATE SIGNED
ACTUAL	mu-C	lu	apany.	M.D	809 V	iers	mill R	X. Kors	kirlly.	mf 11/7
PHYSICIAN'S H	erman 1	Mag								
BUT 1 a Specify)	11/10/5	OF 8	St. Mary		REMATORY		TION (City, town, o			State)
23. FUNERAL DIRECTOR' Robert A.	S SIGNATURE Pumphre	у-Ве	thesda, Md	•		C'D BY REGIS		TRAR'S SIGN		

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12655	CERTIFICATE	OF	DEATH	

No.	_			Keg. Dist. No.
1	1.	PLACE OF DEATH O. COUNTY Mantagameny MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE hander	b. COUNTY (County before odnyssion)
		b. CITY OR JOWN (If outside exporate limits, write RURAL and give nearest town)	c. CITY OR TOWN AT outside corporate	limits, write RURAL and give nearest town)
3		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) First Middle [Lost 4. DATE OF OF CHATH	Month Day Year 26 1858
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10c	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during riost of working rife, even if retired)	STRY 11. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY
	13.	Shame E. Coment	14. MOTHER'S MAIDEN NAME	ith
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. no. or unknown (If yes, give wor or dote of service) 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	NFORMANT Shene	PAddress J. B. t.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO Conditions of the conditions	oms tois	interval between onset and death of these
	z	couse (o), stoting the <u>under-lying couse last.</u> DUE TO (c)		
)	FICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	rivio	PERFORMED? YES NO
	L CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II o	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PLA foot work of work of work	CE OF INJURY (Home, form, 20f. (City or tory, street, office bldg., etc.)	town) (County) (State)
		21. I certify that y ottended the deceosed from 8/20 only that death	~ ^	, 19.5 8, that I lost sow the deceased
		ACTUAL SIGNATURE & M. M. Markey N		ne couses and on the date stated above city of town, state) DATE SIGNED
		PHYSICIAN'S MWARREN		
	220	P. BYRIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION	(City, town, or county) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	M 24g. REC'D BY REGISTRAR	1

CERTIFICATE OR DEATH		
	Talanda a sana a sana a sa	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 ined by the haspital ar attending physicion.

RECTOR: After this certificate has been signed by the attending physician and campletely filled be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a prior to burial, cremation, ar removal, and in any event within 72 haurs after deaths. TO FUNER poge 3 shows

VS A15 (4) 15M 10/57

the funeral director, should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12656

CERTIFICATE OF DEATH

12635

1. PLACE OF DEA o. COUNTY Montgom		MARYLAND	2. USUAL RESIDENCE O. STATE Marvla		d lived. If instituti b. COUNTY	on: Residence	e before admi	ssion)
b. CITY OR TO	WN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		'N (If outside corpo	prote limits, write R	URAL ond gi	ive nearest to	vn) /
Bethesd	give neorest town)	5 hours	Greenb			1. 08	2.0	
d. NAME OF H	OSPITAL (If not in hospital, give street		d. STREET ADDR			O pro-	le IS RI	ESIDENCE
OR INSTITUT	TION		1				ON	A FARM?
	laval Hospital		2H Lau	rel Hill	Road		1E2 [NO 💢
3. NAME OF DECEASED (Type or print)	Wallace	Middle Alexander	CLUBB	4. DATE OF DEATH	Noven		Day 15	Yeor 19 58
5. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH		9. AGE (In years		YEAR IF UNI	
Male	White WIDOW		11-1-97		lost birthdoy)		Doys Hours	
10a. USUAL OCCU	JPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU		(State or foreign c		12. CITIZ	ZEN OF WHA	T COUNTRY?
during most o	of working life, even if refired)	S.Govt.		gton, D.		17 (S.A.	
Guard 13. FATHER'S NAM		.0.000	14. MOTHER'S MA		0.	0.1	3.A.	
	R. CLUBB		Anna L.	NOTHEY				
15. WAS DECEASE (Yes, no or unknown)	DEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Add	ress		
Yes	7/18 - 6/19	577-20-4772 (S) Wallace	A. Clubi	o, Jr., s	ame a	s #2 al	oove
IB. CAUSE O	F DEATH [Enter only one couse per I	ine for (o), (b), and (c).]					INTERVAL	BETWEEN
PART I	I. DEATH WAS CAUSED BY:	Cardiac arrest					ONSET AN	D DEATH
11211	IMMEDIATE CAUSE (o)	atotac attesu						
404								
	to immediate	Congestive Hear	t Failure					
couse (o), sto	oting the under- DUE TO						1111	
lying couse		Electrolyte imb						
PART 11	1. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	ORMED?
3								NO [
ZOO. ACCIDEN OR CONTRIBU	TO WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of inj	ury in Port 1 or Par	t It of item 18.)			
	INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home	e, form, 20f. (City	as town)	10		160-1-1
Hour o		Not while fa	ctory, street, office bld		or town)	(Co	ounty)	(Stote)
21 1	by that I attended the decease	November	14 168 4	November	r 15 10 58	3		OT DIE S
alive an_1	lovember 15, 19	58 , and that death	accurred at 15					
ACTUAL	THAT	00			treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	I.M.C.	mexx	M.D. U. S.	Naval H	ospital,	NNMC	1.	1-15-58
PHYSICIAN'S NAME (Type)	F. H. O'CONNELL	LT. MC. USN	Bethe	sda, Mar	vland			
	MATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C						
REMOVAL (Sp Burial	11-19-58	Arlington			ington		rginia	otej
23. FUNERAL DIREC	CTOR'S SIGNATURE /- UNEMA	/ Howress	240	. REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	-
Lee Fune	ral Home, 4th & M	lass.Ave.,NW, W	ash.D.C. DA	NOV 1 8 '58	art	w. 8. 10	raus	

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L				CERTIFIC	AIE OF DEAL	П		Reg. Dist. No	215	
1.	PLACE OF DEATH a. COUNTY Montgomer	'y		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived of Columbi	f. If institutio	n: Residence befo	ore admissi	on)
	b. CITY OR TOWN (RURAL ond give n Bethesda	If autside corporote limi earest town) (Rural)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III Washington		mits, write RU	RAL and give ne	arest town) ٧
	OR INSTITUTION	TAL (If not in hospitol, stal Hospital		oddress)	d. STREET ADDRESS 2540 South	ern Ave	S. E.			DENCE FARM? NO X
	NAME OF DECEASED (Type or print)	Fir Enri	st	Middle Ricardo	COBBS	4. DATE OF DEATH	Novem		у Ү	7ear 9 5 8
5.	Male Male	6. COLOR OR RACE	7. MARR	DIVORCED DIVORCED	B. DATE OF BIRTH	9. AC	GE (In years it birthday) yrs.	Months Doys		
100	during most of wor		dane 10b.	KIND OF BUSINESS OR IND	Bethesds	te or foreign country Marylan	ıð	U.S.		COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	INAME				
	Sylvester	E. COBBS			Ursula YE	CARWOOD				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	I V. L.	Addre	253		
1,	No	(it yes, give wor or dates of s	et vice;	None (F) Sylvester	E. Cobbs,	same	as #2 at	oove	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, P	ne for (o). (b). and (c).]	atelatas			INTON	ERVAL BET	WEEN DEATH
	gove rise to i couse (o), stating lying cause lost.	mmediate the under-)							
CERTIFICATION			DITIONS C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)	PERFOR	RMED?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	n Part I or Part II af	item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NOT while of work	PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City or to	wn}	(County)		(State)
	21. I certify th	at I attended the	decease	ed from November	1 1958 toNo	ovember 3	1958	that I last so	aw the	decease
	alive an_NOV	2			th accurred at 5:45	A M from the	COURAL OF	d on the do	to state	d about
	ACTUAL SIGNATURE	awid	Ha	vis	M.D. U. S. Nav	ADDRESS (Street, o	ity or tawn, s	late)	DA	TE SIGNE
	PHYSICIAN'S	evid HARRI	5. LT	MC, USN		14, Maryl				
220	BURIAL CREMATIO			22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	City, tawn, ar	county)	(Slote)
	REMOVAL (Specify) Burial	1175-58	,	Arlington	National	Arlingt		Virg:		
23.	FUNERAL DIRECTOR	S SIGNATURE	w	ADDRESS	24a. REG	C'D BY REGISTRAR	h	RAR'S SIGNATU	1 -	
·W		uneral Hom	e, 17	22-7th St., N	, Washington	NOV. 5 '5	1	aritur S.	Trais	
2	105/30	SXVO		- NO.						

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		E.R. Secon Turks a fixe, 1

15M 10/57

	10000		CERTIF	-ICA	IE OF DEATH	1		Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Monts	gomery		MARYL	AND	2. USUAL RESIDENCE (WE o. STATE Maryland	nere deceased	lived. If institution b. COUNTY MON	tgome:	e before	e admissio	on)
RURAL ond give r	Park,		c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF of Silver Sp.					rest town)	
OR INSTITUTION	on Sanitari				/ d. STREET ADDRESS 10020 Redd:	ick Dr	ive,		•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fi	rst	Middle		Cochran	4. DATE OF DEATH	Novemb		Doy	, Ye	eor 9 51
s. sex Female	6. COLOR OR RACE White	WIDOWE			November 29	9, 58	lost birthday) yrs.	IF UNDER Months	Doys	Hours Hours	Min.
during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote Mary)	land	untry)	12. CIT	ZEN OF	F WHAT	OUNTRY
Winston	Earl Coch				Gloria	Lee	Grimes				
15. WAS DECEASED EV (Yes. no or unknown) NO	ER IN U. S. ARMED FOI (It yes, give war or dates of		SOCIAL SECURITY NO.		usband		same :		SS		
Conditions, if a gove rise to couse (o), stoting tying couse lost.	immediate DUE TO)			NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19	. WAS A	UTOPSY
O (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Part I or Part	11 of item 18.)			PERFOR YES	
Y 20c. TIME OF INJUING Hour o.m.	RY Month, Day, Ye	ar 20d. IN While of work	Not while		CE OF INJURY (Home, form ory, street, office bldg., etc		or town)	(C	ounty)		(State)
ACTUAL SIGNATURE PHYSICIAN'S	aymond F. (decease , 19	10.	death		ing Dr	the causes a set, city or town, Silve	nd an the state) r Spr	ing,	e stated	d abavi
220. BURIAL, CREMATIC REMOVAL (Specify Cremation	11-29-5		22c. NAME OF CEMET Washingt		anitarium an	d Hosp	ION (City, town, o	oma P	ark,	(Stote)	
23. FUNERAL DIRECTOR Robert A.		. Wasl	address nington San	itar	rium and Hosp	BY REGISTR	Park,	Md4	MATUR	Kraus	

CENTRAL PROPERTY OF THE PROPER	HT A20 70 E	
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FOR STATE HEALTH DEPT.

in necessory, please at director. Page for your files. Boord of Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12658 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12638

Rea, Dist. No.

1.	PLACE OF DEATH	Montgomery	,	MARYL		o. STATE MAY	Where decease yland	ed lived. If instit b. COUN	v		fore odm	
	b. CITY OR TOWN (II and give nearest town	bethesda (R	ural)	D.O.A.	1 1b	c. CITY OR TOWN (56	RURAL on	d give n	nearest to	wn)
		AL OR INSTITUTION (IF ME HOSpital, Be			11	d. STREET ADDRESS	thryn F	Road			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	First Dudl	ey	Middle Harry		COLEMAN	4. DATE OF DEATH	Nove		Doy 7		Year 19 58
5.	SEX Male	6. COLOR OR RACE 7.		DIVORCED		ATE OF BIRTH		9. AGE (In years last birthday) 444 yrs.	IF UNDER	R TYEAR Days	IF UND	Min.
	during most of working tetired TE	ON (Give kind of work doning life, even if retired) LUSIN	10b. KIND OI	BUSINESS OR IN	NDUSTRY	South Card		ountry)	12. CI1	U.		COUNTRY
13	Leslie C	OLEMAN			14	Bessie V:		FOUNTL	N			
	S. WAS DECEASED EV	ER IN U. S. ARMED FORCE I'll you, give wor or dates of servi WW II	ce)	SECURITY NO. 16 7157	17. INFO	spital Reco	ords	Address				
NON	PART I. DEAT 14 20. / Conditions, if o gave rise to immed (a), stating the course lost.	diote couse	Cor	onary Oc			AINAL DISEASE	E CONDITION GI	VEN IN PA	S		n
CERTIFICATION	20g, EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	USE WAS NTRIBUTING [] 20b. 1	DESCRIBE HOW	INJURY OCCURR	ED. (Ente	r noture of injury in Po	ort I or Part II	of item 18.)			YES 🗌	но 🗶
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Year	20d. INJURY While of work	Not while	PLACE factory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City	or town)	(Co	ounty)		(Slate)
2	opinion death	resulted from: No	tural causes	Accide	ent []		Homicide EXAMINER CAL EXAMINER		ermined	manne	DATE :	signed
	Burial (Specify)	11-12-58		Arlingto				lington	ar county)	Vir	(Stat	
23	J. F. Primphre	S SIGNATURE STATE STATE OF THE	ome Sha	DDRESS Silve		oring, Md. REC			STRAR'S SI	- 1		

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funer 4 shault forworded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be referred to the Funer DIRECTOR; Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the Shault designated agent, prior to burial, cremotion, or removal, and in one event within 72 hours after death. 4 shauld TO FUNE 5M 2/3

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VS A1S (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12659

CERTIFICATE OF DEATH

Ren Dist No

									Keg. Dill. I	Ο.		
1. PLACE OF DEATH O. COUNTY MONT gome	ery		MAR	YLAND	2. USUAL RESI	Maryl	nere deceased live	d. If institution b. COUNTY	Residence be	fore admis	sion)	
b. CITY OR TOWN RURAL and give Betnesd	(If outside corporate firm nearest town)	ils, write	c. LENGTH OF STA		c. CITY OR	Town (If o	outside corporate	limits, write RU	RAL ond give r	egrest tow	٦)	
d. NAME OF HOSP OR INSTITUTION The Cli	ITAL (If not in hospital, nical Cente	give street o	thesda 14	Md.	d. STREET A		1, Box	402B		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Mary	rst	Middl Elizabe	-	Colli		4. DATE OF DEATH	Nov em		.3,	Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRI			8. DATE OF BIRTI		10		Months Doys		R 24 HRS. Min.	
Housewif	ION (Give kind of work rking life, even if retired	done 10b. I	None	OR INDUS		ACE (Stote	ar foreign country		12. CITIZEN	OF WHAT	COUNTRY	
Jerry Was	rd				14. MOTHER'S		Tuller					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	and and	9-34-3594				edical Recenter, 1			aryla	nd	
Conditions, if gove rise to cause (o), stofing lying cause lost PART II. O	the under-))	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE COI	NDITION GIVE	N IN PART 1(o)	PERFC	PMED?	
20a. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	DCCURRED). (Enter nature a	of injury in F	Port I or Port II of	item 18.)		163.6	но 🔲	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While	JURY OCCURRED Not while of work	20e. PLA foc	ACE OF INJURY (I tory, street, office	Home, form bldg., etc.	20f. (City or to	own)	(Count)	1)	(Stote)	
actual signature Physician's NAME (Type)	G. Richard ON, 22b. DATE THEREO tion 11/15	Lee,	M. D. 20. NAME OF CEN Worthing	t death	w.o.	The C	AM, fram the ADDRESS (Street, Clinical Instant) and II, 22d. LOCATION Ohio	e causes an cily or lown, st Center Litutes Maryla	of Hea	ate state	ed abave ATE SIGNE 13-58	
23. FUNERAL DIRECTOR			ADDRESS Sville, M		and.	- 1	BY REGISTRAR		RAR'S SIGNATION & Krown			

		UID STATE DEPARTMENT	, P. A.
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		12603		CERTIFIC	ATE OF DEAT	H		Reg. Dist. I	No.	
N	PLACE OF DEATH COUNTY DEATH OF TOWN (IF	Q (4 outside corporate limits,	write	MARYLAND	2. USUAL RESIDENCE (V. STATE AND C. CITY OR TOWN (III		b. COUNTY	t-gom.	RU	
I	d. NAME OF HOSPITA	AL (If not in hospital, giv		2 days 6 hRS.	Silver Sp d. STREET ADDRESSI	byles	56 Lane		e. IS RE	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Edith	1105	Middle May C	lonnelly	4. DATE OF DEATH	Mont		Doy	Yeor 1958
5.	fe	wh.	WIDOWED	7	8. DATE OF BIRTH	7	P. AGE (In years last birthday) M. G. yrs.	Months Doy	rs Hours	Min,
	during most of worki	N (Give kind of work doing life, even if retired)	ne 10b. K	IND OF BUSINESS OR INDI	VIRGIN	ia	untry) ! .	A VY	OF WHA	
15. (Ye	DAVID +	IN U. S. ARMED FORCE	ES? 16. SO	OCIAL SECURITY NO. 17.	MARY INFORMANT Hs hosp.	S. Le	Addr	ess		
		mediate (co	for (o), (b), and (c).] ngestive		ilure			NTERVAL BONSET ANI	DETWEEN D DEATH
CERTIFICATION			7441	DATRIBUTING TO DEATH BUT D	n			EN IN PART 1(c	PERF	AUTOPSY ORMED? NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJ While of work	Not while fe	LACE OF INJURY (Hame, fa actory, street, affice bldg., e	erm, 20f. (City of the city)	or tawn)	(Coun	17)	(State
	21. I certify the alive on	Frank x	19.5 L. C.	d from Jan 8, and that deat cale heslie	, 1956, to h accurred at M.D. 8901	ADDRESS (Sir	the causes a set, city or town, s	nd on the	date stat	
23.	BURIAL CREMATION REMOVAL (Specify) BUT 1 a 1 FUNERAL DIRECTOR'S THE S. H.	11/21/1	958 -29	Rock Creel ADDRESS Was Ol 14th St.	Cemetery	Wash				ite)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital
TO FUNEP STRECTOR: After this
page 3 miles of the detached for u VS A15 (4) 15M 9/55

2 should be filed with

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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ALASYLAND STATE OFFICENEMENT OF HEALTH-PACTUMORE, 18

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VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12660

CERTIFICATE OF DEATH

12641

o. COUNT			MARYLAND	o. STATE			b. COUNTY			
	TOWN (If outside corporate lim	its, write c. LENC	GTH OF STAY IN 16	c. CITY OR	Mary 1s	ide corporate l	limits, write RI		negrest to	
RURAL	ond give neorest town) Olnev	1.	davs	×		Gaither	-chura			
d. NAME (OF HOSPITAL (If not in hospital,	give street address)	aays	d. STREET A		dar mer	aburg_			ESIDENCE
	ery County Gene	ral Hosp	ital. Inc.			Route #	2. Box	252		A FARM?
3. NAME OF	Fi		Middle	los		. DATE	Mont		Doy	Yeor
OECEASED (Type or pr	int) Albert					OF DEATH				
S. SEX	6. COLOR OR RACE	7. MARRIED TO	NEVER MARRIED	8. DATE OF BIRTI		9. A	Novemb GE (In years	IF UNDER 1 YE	10 EAR IF UNE	19 58 DER 24 HRS
Mole	Colomad	WIDOWED	DIVORCED			lo	ost birthdoy)	Months Do		
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during m	ost of working life, even if refired)			-		,,			
73. FATHER'S	ired			14. MOTHER'S	yland	AF		10.5	S. A.	
1				13. 110.11.6113						
Hez	zekiah Coplin EASEDEVER IN U. S. ARMED FOR	CESS 14 COCIAL	SECURITY NO. 117	NFORMANT	Amy Wa	ashingt	Addr			
Yes, no, or unknown	own) (If yes, give war or dates of s	ervice)					Addr	ess		
				Hospital	Record	ds				
	SE OF DEATH Enter only one co	ouse per line for (o)		1. 7	.)	1	1 10	1	NTERVAL E	D DEATH
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	ise to immediate DUE TO					11.74 3				
	use last.)								
Z P	ART 11. OTHER SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIV	EN IN PART I) 19 WAS	AUTOPSY
18										ORMED?
NO PACCON ACCOR CONT	DENT WAS UNDERLYING A	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture o	f injury in Part	t I or Port II of	f item 18.)			
	NOTIFY MEDICAL EXAMINER)									
	OF INJURY Month, Day, Ye	or 20d. INJURY O	CCURRED 20e. PL	ACE OF INJURY	Home, form,	20f. (City or to	own)	(Cour	ify}	(Stote)
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SIGNATU	REKAIR STIN	runce	NO C	MD. 26		um		12		9-1
PHYSICIA NAME (T)		cher, M.		ershing		ney	r. n	CM ,		
	REMATION, 226. DATE THEREC	22c. N	AME OF CEMETERY O	R CREMATORY		d. LOCATION	(City, town, o	r county)	(Sto	ote)
POPIA	(Epecify) 11/13,	58 B:	rooke Grov	0.,		Layto	nsvill	e, Mi.		
23. FUNERAL	PRECTOR'S SIGNATURE		DRESS		24a. REC'D B		-	TRAR'S SIGNA	TURE	
Molo	WX, Du	wdly!	Rockville,	Md.	DATEOV 1	7 '58	CT	a & the		
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1256		CERTIF	ICATE OF	DEATH	1		Reg. D	ist. No.	215	
1. PLACE OF DEATH o. COUNTY Montgomer	У		MARYLA	O STATE		ere deceased	t lived. If instituti b. COUNTY				
b. CITY OR TOWN	If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b c. CITY OF	TOWN (If o	utside corpo	rote limits, write R	URAL ond	give nec	rest tow	n) /
Bethesda	(Rural)	. 11	39 days	Quant	ico			837	(==		
d. NAME OF HOSPI	TAL (If not in hospital,	give street o	ddress)	d. STREET						e. IS RES	SIDENCE
OR INSTITUTION	l Hospital			29 Tr	iple H	eight	5			ON A	NO P
NAME OF	Fi	rst	Middle		ost	4. DATE	Mon	ith	Do		Yeor
(Type or print)	Isi	q	Maria	CORR	EA	OF DEATH	Novemb		1	,	1958
SEX	6. COLOR OR RACE		ED NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years		RIYEAR	IF UND	ER 24 HR
Female	White	WIDOWE					lost birthday)	Months	Doys	Hours	Min.
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3. FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME					
Diony CO	RREA			Elsa	RODRI	GUES					
S. WAS DECEASED EVE	ER IN U. S. ARMED FOI		OCIAL SECURITY NO.	17. INFORMANT			Add	ress			
No	[If yes, give wor or dates of		lone	(F) Mr. Di	ony Co	rrea.	same as	#2 a	bove		
TIR CAUSE OF DE	ATH [Enter only one co	use per lin	for (a) (b) and (c) ?						LINITE	:D\/A1 D	TIMEEN
	ATH WAS CAUSED BY:			shows					ONS	ET AND	DEATH
	IMMEDIATE CAUSE (Cere	bral hemori	. mage					2	hou	rs
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Conditions, if o	ony, which)	Leuk	remia, acute	. myelomo	nocyti	c type			2	mos	
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lying couse lost.	The Under-										
			ONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY ORMED?
20g ACCIDENT W	AS_UNDERLYING	20h DESC	RIBE HOW INJURY OCC	IIPPED (Enter polyre	of injury in P	Port Los Port	II of item IR \			11.5	NO LA
E FOR CONTRIBUTING	MEDICAL EXAMINER	TOO. DESC	KIDE HOW HAJORT OCC	OKKED. (EINEI NOIDIE	or milory in r	0111011011	ii oi nem ib.j				
		L.,									
20c. TIME OF INJUI Hour o. m.	RY Month, Doy, Ye			 PLACE OF INJURY factory, street, offi 	(Home, form,	20f. (City	or town)	(County)		(State
p. m.	19	While of work	Not while of work		or orogi, cic.	1					
		4	Is Sent S	22 10 5	8 . No	37]	58				
			d from Sept. 2				1958				
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1	4	0.			- 1	ADDRESS (SI	reet, city or town,	stote)		D.	ATE SIGN
SIGNATURE	omus 6.	Con	ie. n.	M.D. U.	S. Nav	al Ho	spital. I	INMC		11-1	58
	Thomas E. C	ONE,	Jr., CAPT, I	MC, USN E	e y hesd	a 14,	Maryland	a			
1	ON, 22b. DATE THEREC		22c. NAME OF CEMETE			224 1004	IONI (Cit.)				
REMOVAL (Specify)	11-3-5		ALC. NAME OF CEMETE	KT OK CREMATORY			ION (City, town,		70	(Stot	(e)
		0				Rio	de Janie:	ro	Bra	zil	
FUNERAL DIRECTOR		Ven.	ADDRESS		240. REC'E	BY REGIST	RAR 24b. REGIS	STRAR'S SI	GNATUE	RE	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12662

CERTIFICATE OF DEATH

	100								Keg. Di	ST. NO.		
1. PLACE OF DEATH					2. USUAL RESIDE	NCE (Whe	ere deceased			ice before	e admissio	on)
Mo	ntgomery		MARY	LAND		laryla	and	b. COI		Monte	gomei	. Y
b. CITY OR TOWN (RURAL and give n	If outside carparate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	utside corpor	ote limits, w	rite RURAL and	give near	est town)	
	lney		1 day		X		1	Mashin	gton Gr	ove		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, s	give street	address)		d. STREET ADI	DRESS					. IS RESID	DENCE FARM?
Montgomery	County Ge	neral	Hospital,	Inc	. /						YES [
3. NAME OF DECEASED (Type or print)	Fii Lula	st	Middle		Last		4. DATE OF DEATH	N	Month	Day		eor
S. SEX	6. COLOR OR RACE	7. MADE	Agne:		Cros	53		9. AGE (In)	ember	17		9 58
Fomela		WIDOWI	\$11 TALKS \$10 A.S.					last birthe	doy) Months		Hours	Min.
Female 100. USUAL OCCUPATION	White		_	_	2.14.95		r foreign co	63	yrs.	1751 05	JACLA AT	COUNTRY
auring most of wor	king life, even it refired)					or roreign co	0111171	12. (11			
Housewif 13. FATHER'S NAME	e				14. MOTHER'S M	Land	4446			0. 5	5. A.	•
o. Triffer o Triffe	122 1 001						· ·					
SE WAS DECEASED EVE	Albert Th			In man		es T	hompso	on				
IS. WAS DECEASED EVE	(If yes, give wor or dates of s	cts7 16.		. 17. JN	NFORMANT				Address			
			Unknown		Hospi	tal	Record	ds				
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	1	~ /					INTER	T AND	WEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1-1	edrt	1	silvr	€ .				ONSE	י אואט נ	JE AIII
422.0	DUE TO											
Conditions, if a		, C.	ardia c	-	Decom	- pe	u sol	+10	~	100		
gave rise to i cause (a), stating	mmediate (-	,			1						
lying cause lost.	(0)	-urou	C	144	5 00	1 - d	i+i.	5			
PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO TI	HE TERMIN	AL DISEASE	CONDITION	N GIVEN IN PAR	T 1(o) 19.	. WAS AI	
5											YES 🗌	
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED). (Enter nature of i	njury in Po	ort I or Port	11 of item 16	3.)			
	RY Manth, Doy, Ye	or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Ho	me, form,	20f. (City	or town)	10	County)		(Stote)
Hour a.m.	19	While of world	Not while	fact	tary, street, affice b	ildg., etc.)		20 7				(4.4.4)
			4 # /	11/1-0		11	117/	FU				
/	at lattended the	decease		6/0)	, 19,	ta_/_/	/	19	,that 1	last sav	w the d	leceased
alive an	11010-8	, 19	, and that	deoth	occurred ot_2					he date		
ACTUAL /	-//					^	DDRESS (Str	eet, city or t	own, state)		DAT	E SIGNED
SIGNATURE	_ / ~	_<		A	A.D							
PHYSICIAN'S NAME (Type)	I T T	- T			Gaith	ersb	urg, N	Maryla	nd			
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	F M	22c. NAME OF CEME	TERY OR					wn, or county)		(State)	
Burial (Specify)	Nov. 19		Provider	nce			How		Count	w	Mo	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2.	4o. REC'D	BY REGISTR	7	REGISTRAR'S SIC	-		~ 9
Olong to	Osorbe	La La	ytonsvil	le.	1/1.0	ATE NO	W 2 0 'S	38	aritum &	. Theat	u.	

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	RICATE OF DEATH AND THE	1130		
	AND RESIDENCE OF PROPERTY AND ADDRESS.			
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should—forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred TO FUNE DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sign or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

N

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH O. COUNTY &	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
World omery MARYLAND	o. STATE had b. COUNTY hamti
b. CITY OR TOWN (If outside corporal limits, wife RURAL ond give represt lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
Delse spring I wk	There spine
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
12420 Dewey Rd	12420 Jeurs Rd VES NO DE
3. NAME OF DECEASED (Type or print) Educad Days (Constitution of the Constitution of t	1 DATE Month Doy Year OF DEATH NOV 2 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF JIRTH 9. AGE (In your IFUNDER TYEAR IF UNDER 24 HRS.
male White WIDOWED DIVORCED	9-20-58 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
defining most of working may even in territory	mal M.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl Cummerhan	Usol. Jordan
	Wisdampur N Calle much appear
[Yee, no for unknown] Iff yee, give was or dotes of service)	mashir de les
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1154	Johns
Conditions, if ony, which) (b) Oatle Reference	T. 9 1 = Pleas.
gove rise to immediate cause	my Suffection toom
(o), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
9	PERFORMED? YES NO 1
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Port I or Port II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	and the second of the second o
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAN factor of work at work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🐼, Inquiry 🔀, and in my
opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner
SIGNATURE Track 1. Spechait	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
John James J	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLANK J. Broschart	DEPUTY MEDICAL EXAMINER \$ //- 2-18
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)
	Cemetery Rockville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mar	yland DATE NOV 5 '58 arthur S. Krous
2074276XV2	

		EMICET TO TEST ME
	ALLEGA A. C. L. C.	AND THE PROPERTY OF THE PARTY O
		200 BUSHING 1. B. 4
	THE RESERVE TO SERVE AND ADDRESS.	
THE RESERVE THE PARTY OF THE PARTY.	or the second of the control of	
TO BE THE STATE OF THE PROPERTY OF THE PARTY		CALLED STREET
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10001

CERTIFICATE OF DEATH

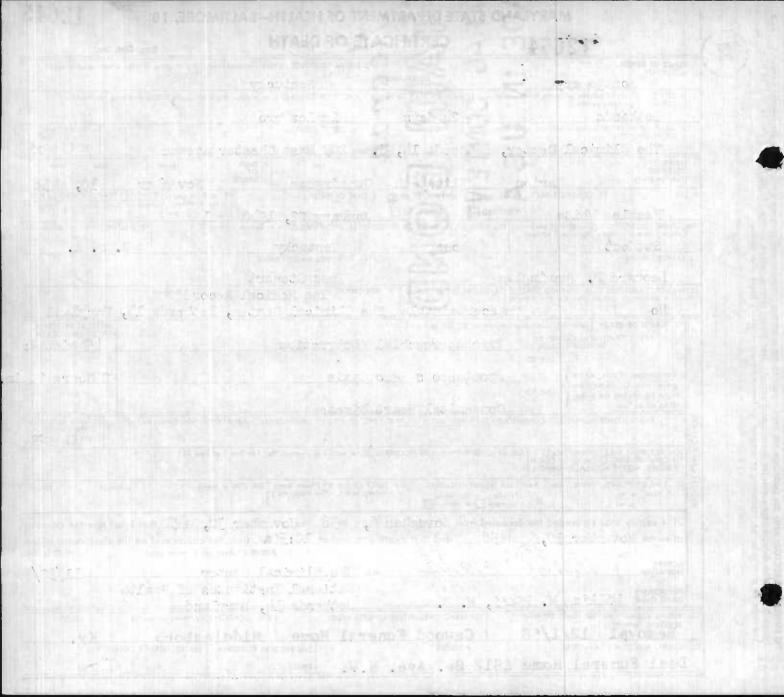
Reg.	Dist.	No

	16007				R	leg. Dist. N	lo.
1. PLACE OF DEATH	At .		2. USUAL RESIDENCE	(Where deceased li		Residence be	fore admission)
	gomery	MARYLAND		tucky	b. COUNTY		
	outside corporate limits, wi	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write RUR	AL and give n	nearest town)
Bethesd		2h days	Middles	oro	55	X-3	
	AL (If not in haspital, give s	treet address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
The Cli	nical Center	Bethesda 14, Me	1 209 East	t Chester	· Avenue		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	[Day Year
(Type or print)	Marion	Elizabeth	Cunningham	DEATH	Novemb	er	30, 19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF	UNDER 1 YEA	AR IF UNDER 24 HRS.
Female	White win	DOWED DIVORCED	January 22	7010	lost birthday) M	Aonths Days	s Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (ST	ote or foreign cour		12. CITIZEN	OF WHAT COUNTRY
Student	ng life, even if refired)					TT	C A
13. FATHER'S NAME	1	None	Kentucl			Ue	S. A.
Leonard	D. Cunningha		Inez St				
					9 Address		
Yes. no, or unknown) (i	f yes, give war or dates of service)		INFORMANT The M				
No			The Clinical	Center,	Bethesda	. 14. M	aryland
		per line for (o), (b), and (c).]				IN	NTERVAL BETWEEN
	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Tracheobronchia	1 Obstructio	n		0.	45 minute
754.5	DUE TO						Alaca A G G G
Conditions, if an	v. which)	Spontaneous Hem	ontareie) h
gave rise to im	mediate (phottograeons Hell	ODOASTS			- 6	2 hours 20m
lying couse lost.	ne under-						
) (c)	Congenital Hear	t Disease				T
PANT II. OTHI	K SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o)	PERFORMED? YES NO TO
	UNDERLYING [] 206.	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Part I or Part II	of item 18.)		113 110 110
200. ACCIDENT WAS OR CONTRIBUTING I	I CAUSE OF DEATH I						
		0d. INJURY OCCURRED 20e. F	LACE OF INJURY IHome, for	7205 (City			
Y 20c, TIME OF INJURY Hour a. m.	, W	Vhile _ Not while _ f	octory, street, office bldg.,	etc.)	Townj	(County	y) (State)
		t work at wark					
21. I certify the	at I attended the dec	ceased from November	6. , 1958 , toN	ovember 3	30. 19 58.1	hat I last	saw the decease
alive an Nove	mber 30.	1958 and that deat	h accurred at 10:	50mm from	he causes and	on the d	ate stated about
do	11.0	2011			et, city or town, stat		DATE SIGNE
ACTUAL	11/1/Na /1/	TELO VIII	m				== /= - /-
SIGNATURE	activities and	Wat I	M.D. The Clin				11/30/5
PHYSICIAN'S	774 11	00000			tes of He		
	lliam W. Pfa		Bethesda	-Li Mary	land		
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City, town, or c	ounty)	(State)
Removal	12/1/58	Cawood Fur	neral Home	Midd	lesboro		Kv.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			R 24b. REGISTRA		URE
Deal Fund	eral Home	/812 Go. Avo	N W DATE	2 158	0.11	- 0 4	44

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 y the funeral director, 2 should be filed with may be retained by the hospital or attending physician.

TO FUNER AT DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3.

Then please remave corban papers. Pages 1 the registrar prior to the pages 1 the registrar prior to buriol, cremation, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57



12604

CERTIFICATE OF DEATH

12646

13002				Reg. Dit	st. No.
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (WI			ce before admission)
Mentgemery	MARYLAND	mentage		b. COUNTY fac	mery
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			mits, write RURAL and	
RURAL and give nearest (9%n)	17 hrs.	Jilver -	Jarina	56	
d. NAME OF HOSPITAL (If not in hospital, give stre	ret oddress)	d. STREET ADDRESS	pring	,	e. IS RESIDENCE
Wash Jan * Hosp.		10203 RI	dge mo	or Dr.	YES NO
3. NAME OF DECEASED (Type or print)	Isola -	Dankmeyer	DATE OF DEATH	Month Ma Va	Day Year 195
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A LAND AND A LAND A	1 YEAR IF UNDER 24 H
temple Wh wind	OWED DIVORCED	6-16-	13 "	Styrs. Months	Doys Hours Min
10o. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT COUN
AXXXX HOMEMAKER	OWN HOME	Ushing	ton ?	D.C ST	merica
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME /	,	
(reorge Taulor		5xrah	J. K	COSCOSOSOS	HANEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAC SECURITY NO. 17. I	NFORMANT		Address	***************************************
(Yes, no as unknown) (If yes, give war or dates of service)	,,	Chart +	famil	CL	
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), ond (c).]	0 10	-0	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ma estrie 1	Vant have	Kure,		2 MAA
421,4 DUE TO	0 /	0 111	2		1
Conditions, if any, which) (b)	maria . La	lasel and	00000		11/2011
gove rise to immediate	various pra	view m	and as	4,	10 gra
lying couse lost.					0
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PART	T 1(o) 19. WAS AUTOP: PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE). (Enter noture of injury in	Port I or Part II of	item 18.)	
	I. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	. 20f. (City or to	wn) (C	County) (Sta
Hour o.m. p. m. 19 of the	ile Nol while	tory, street, office bldg., etc	.)		
21. I certify that I attended the dece		, 19:5-2, to_//	May. 19	10/4-Vah. 1 1	lant same that disease
11 10	0	accurred at 3 19			
dive on	só and mai degin		ADDRESS (Street, c		ne date stated ab-
ACTUAL MAYAY	Man	101111	· Carre	All R	/ DATE SIG
SIGNATURE WAS STORY OF THE STOR	allen	W.D{	allan	Total Land J.C.J.	
PHYSICIAN'S A. L. THIBADE	AU	Silve	er & pr	ring, W	1d
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
BURIAL 11/22/58		ETERY	MONTGOM		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR	246 REGISTRAR'S SIC	
DARNER E. PUMPHREY. IN	C. SILVER SPRII		2 4 '58	Chum 2. 100	

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNEY—DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 and deed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

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HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reif of for your files. TO FUNK DIRECTOR: Page 3 should be used as a byriol-transit permit. File pages 1 and 2 with the 5 should of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12647

•		LACE OF DEATH		2. USUAL RES	IDENCE (Where deceased I	ived. If institution: Reside	nce before admission)
1	(montgomery	MARYLAND	o. STATE		b. COUNTY A	00 00.0
1	Ь	. CITY OR TOWN (If outside corporate limits, write TURAL C. LEN	IGTH OF STAY IN 1b		TOWN (If outside carporo	le limits, write RURAL and	give negrest lown)
/	-	and give negrest fown)	OA	1	att - 11.	ml	11150
	-	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	O. M.	d. STREET A	CILSVIIIC	, ///a	e. IS RESIDENCE
1	1	Wash, San Y Hospita	21	262	O Kirkwa	od Pl.	ON A FARM?
		NAME OF First	Middle	Lost		Month	Doy Year
		Type or print)	Ti	2/100	OF DEATH	11-17-	(7) 19
	5. S	EX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED B.	DATE OF BIRTH	9.	AGE (In years IFUNDER	YEAR IF UNDER 24 HRS.
		m. Why. WIDOWED	DIVORCED [augl-	-58	yrs. Months	Days Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF uring most of working life, even if retired)	BUSINESS OR INDUSTR	RY 11. BINTHPLA	CE (State or foreign count	12. CITIZ	EN OF WHAT COUNTRY?
		FATHER'S NAME		Chip	pewa Jalla	, Wisc	
	13.	7- DI I O DI	,,,,,,	14. MOTHER'S	MAIDEN NAME	01	
		mr. Roland 4, DeL	ong =	Bar	baralln	nOlson	A
	15. [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no. or unknown) Iff yes, give war or dates of service)	SECURITY NO. 17. IN	FORMANT		Address	
		$\gamma \circ $		mr.	Roland	A. Belon	naF
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			1	INTERVAL BETWEEN
20		PART I. DEATH WAS CAUSED BY:	evera.			/	ENSET AND DEATH
		475 X DUE TO					smel das
		Conditions If any Alah	p. 0 9	1 .	0		mike of
		gove rise to immediate couse	Men. J	wyer	in		
		(a), stating the underlying DUE TO	V	/			
	.,	cause last. (c)					
-	ĝ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
0	3						YES NO 2
	CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW I	NJURY OCCURRED. (En	oler nature of inj	ury in Part I or Part It af it	tem 18.)	
И		PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY (lot while factor	E OF INJURY (H	ome, form, 20f. (City or I bldg., etc.)	lown) (Cou	nty) (Slale)
	2	F		- 1-1-1	A		
		21. I certify that I took charge of the remain		_		ection 🔀, Inquiry	and in my
		opinion deoth resulted from: Noturol causes	X. Accident	_, Suicide	, Homicide	, Undetermined m	onner
Н		ACTUAL 2 100	0				DATE SIGNED
		SIGNATURE THEW & Broke The	et	M.D. CHIEF MI	EDICAL EXAMINER		DATE SIGNED
2		EXAMINER'S TO A TO S.		ASSISTAN	IT MEDICAL EXAMINER		~ ~~ .
04		NAME (Type) FANK J. Brus	schart	DEPUTY	MEDICAL EXAMINER	11-1	1-58
	220.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NA	ME OF CEMETERY OR	CREMATORY	22d LOCATION	(City, town, or county)	(State)
- 1	ra	hisportation Nov 19, 1958	Bloomer		Wiscons	sin	
	23.	FUNERAL DIRECTOR'S SIGNATURE AD	DRESS		240. REC'D BY REGISTRAR	246. REGISTRAR'S SIGI	NATURE
		F. Gasch's Sons Hyattsvi	lle. Md.		DATE NOV 2 4 '5	8 arthur	8 House
	Q	MYYYYYY			RUY & 7 J	Coord 2	. / //
	1	A L L L L L L L L L L L L L L L L L L L					

LETILLS MEDICAL EXAMINER'S CHATHOLATE OF DEATH
스타는 이 시대를 가게 되면 얼마나를 되었다. 그리는 이 사람들이 그리는 것 같아.
교사들이 많은 보다 하는 것으로 살았다. 그런 그렇게 되는 것이 때문에 가장 그리고 있다.
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FOR S HEALTH DEPT.

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erol director. Page for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be religious. TO FUNE. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5st are its designated agent, prior to burial, crematian, or removal, and in any eyent within 72 hours ofter death.

4 shoul VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12648

1. PLACE OF DEATH o. COUNTY	MONTGOME	ERY	MARY	LAND		MARYL		ed lived. If instit b. COUN	MONTG			ission)
b. CITY OR TOWN (IF and give negres) town		ite RURAL	c. LENGTH OF STAY I	N 16	.,		oulside corp	porote limits, write	RURAL and	give ne	earest to	wn)
		Uf not in h	ospital, give street address)	/d. STREET A		Citaso				e IS R	ESIDENICE
	NUT HILL F		ospiioi, give siteer dogiess		8804 W		HILL	ROAD			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Edwin	Porte	Middle er Denslow a	lso	known a		4. DATE OF DEATH	Nov		Doy 23		958
5. SEX	6. colokok MACE	Gros. A	THE THE SER MARRIED		DATE OF BIRTH			9. AGE (In years	IF UNDER			ER 24 HES.
MALE	white	WIDOW	ED DIVORCED [8/29/8	8		70 yrs.		Doys	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL	ACE (Slole	or foreign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	red - neve				Con				U.S	.A.		
13. FATHER'S NAME					14. MOTHER'S		IAME		1			
ToCmond	Nonton Day				Mora	Smit	h					
15. WAS DECEASED EV	Norton Der		S. SOCIAL SECURITY NO.	17 IN	FORMANT	OHILL	- LL	Addres		-		
[Yes, ne, er unknown]	(If yes, give war ar doles o		S. SOCIAE SECORITI NO.	1.00								
no				Ann	elee Co	nnors	- Sa	me Item	2			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (e for (o), (b), and (c).]	v oc	clusion					ONSE	dden	ATH
1420.1	DUE TO		30.00.0									
Conditions, if o												
gave rise to imme	diote couse											
(o), stoting the	underlying	c)										
			CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART			AUTOPSY PRMED?
	NTRIBUTING 🗆	POb. DESCRI	BE HOW INJURY OCCUR	RED. (En	ler nature of in	jury in Port	l or Fert II	of item 18.)				
20c, TIME OF INJUING Hour o.m.	RY Month, Doy, Yo	Wh		factor	E OF INJURY (I	Home, form bldg., etc.)	20f. (Cily	or town)	(Cou	nly)		(Stole)
21. I certify th	not I took charg	e of the	remoins described	abov	e, held on	Autopsy	/ [], II	spection A	, Inquir	y 1	, an	d in my
opinion death	resulted from:	Noturol	causes X. Accid	lent [], Suicide	e 🔲 , 🗜	Iomicide	, Undet	ermined n	nonne	r 🔲	
ACTUAL SIGNATURE	Frank &	Bin	shart		_M.D.		AMINER [DATE :	SIGNED
EXAMINER'S NAME (Type)	FRANK J.						AL EXAMINE EXAMIN E R [11,	/24/	58
220. BURIAL, CREMATIC	N. 226. DATE THERE	OF	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stat	(e)
BURIAL (Specify)	11/26/5	8	ROCK CREEK	CEM	ETERY		WASHT	NGTON, D	.C.			
28 AUNITAR DIRECTOR	PUMPHREY,	INC.	ADDRESS Silver Sp				BY REGIST		ISTRAR'S SIG	NATUR	RE	
Jaymoud	M. gus	KA				APATE 2	6 '58	Dathur	9 the	4		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter dea	by the hospital or attending physician.	detached for use as the buriol transit permit. Then please remove carbon papers. Pages 1 c. 2 should be
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VS A15 (4) 1SM 10/57

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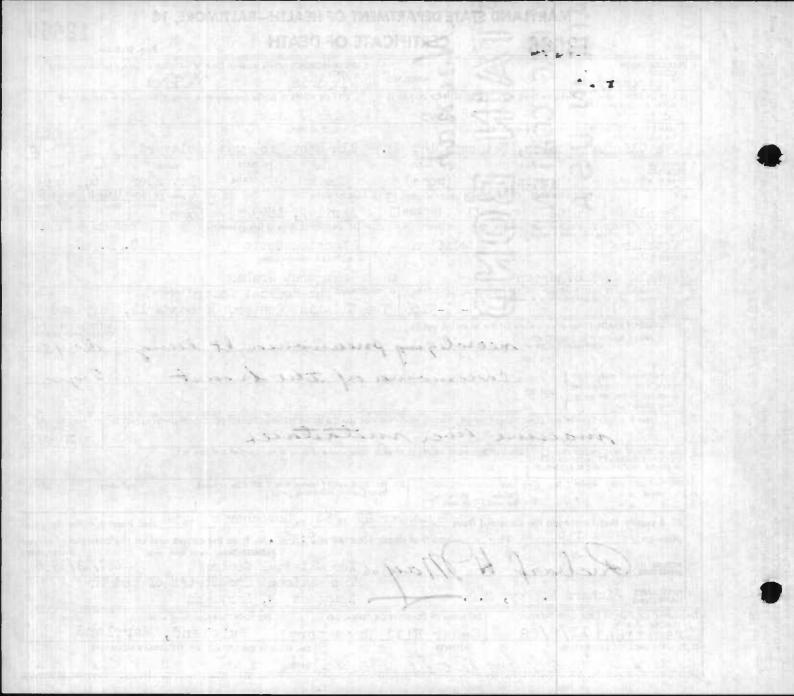
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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.	be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12666 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Hairtax MARYLAND Montgomery Virginia b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 38 days Falls Church Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda ll. Md. 114 East Greenway Boulevard YES NO TO NAME OF Middle 4. DATE Year 1958 (Type or print) Marion Dhein DEATH (none) November 6. 8. DATE OF BIRTH 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months April 9, 1899 Female. White WIDOWED [7] DIVORCED [59 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teacher Education Massachusetts U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Graham Donald C. MacPherson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTThe Medical Record Address The Clinical Center, Bethesda 14, Maryland No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES IN NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while While of work of work 21. I certify that I attended the deceased from September 29, 1958, ta November 6, 1958, that I last saw the deceased alive an November 6 and that death occurred at 2:40Pe.M. from the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE 1958 The Clinical Center The National Institutes of Heal th Richard H. Moy, M.D .-Bethesda lu. Marvland NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Suitland, Maryland Cedar Hill Crematory Cremation 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR



FOR STATE HEALTH DEPT.

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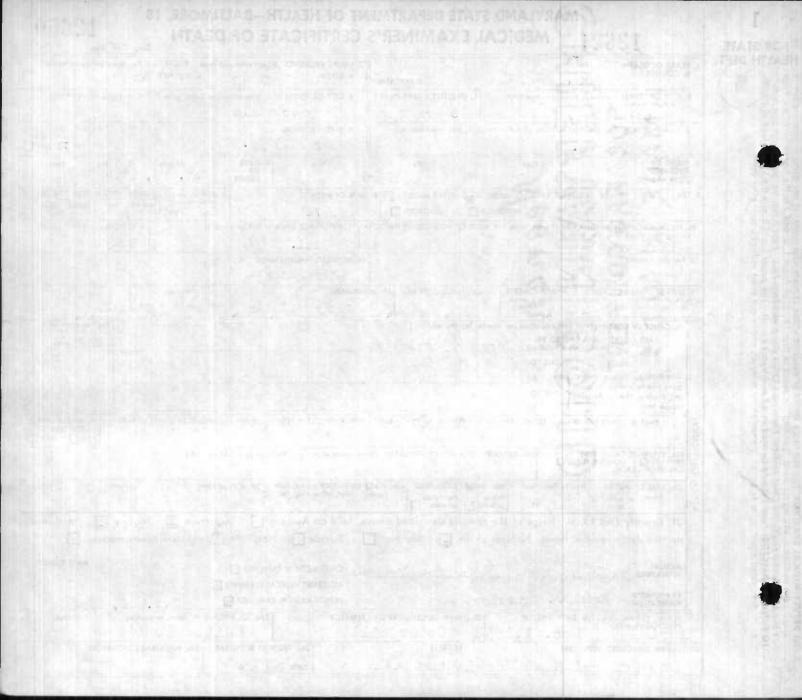
is necessory, please erol director. Page for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retered to Prove the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retered FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Situation or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death

VS. AI5ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12621 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12650

1. PLACE OF DEATH o. COUNTY Montgomery Maryland						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg								
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest fown) ROC KV1116 5 YTS					N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					,	d. STRFET ADDRESS e. IS RESIDENCE								
Glen Mill Rd.						/ Glen Mill Rd.						YES NO		
	AE OF EASED or print)	Anna	First	Middle Dil	lard	Lost		DATE OF DEATH	Nov.		958		reor	
5. SEX		6. COLOR OR RAC	E 7. MAI	RRIED WEVER MARRIED	8. D	ATE OF BIRTH		9.	AGE (In years	IFUNDE	R TYEAR	IF UND	ER 24 HRS.	
f	female	white	WIDOV	WED DIVORCED		3/5/76		M	82 yrs.	Months	Days	Hours	Min.	
durin	g most of working	life, even if retire	rk done 10t d)	o. KIND OF BUSINESS OR I		II	1.		ntry)		SA.	F WHAT	COUNTRY	
13. FAT	HER'S NAME				14	14. MOTHER'S MAIDEN NAME								
	2 2 2	ick Winke					Pucket	τ						
		R IN U. S. ARMED		16. SOCIAL SECURITY NO.	17. INFC				Addres					
						Josiah	Dilla	rd	Same a	s Ite	n 2			
(o)	onditions, if on verise to immediate, stoting the unuse lost.	y, which ote cause oderlying DUE	(b) (c)	ronary Occlus								uade		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1 of Item 18.)													
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)													
WEDICAL 20c	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work of w													
21	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my													
ор	opinion deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner													
	SIGNATURE TRANSPORT ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER													
	AMINER'S AME (Type)	Frank J.	Hrose:	hart			MEDICAL EXAM			ov. 28	8. 1	958		
RE	IRIAL CREMATION MOVAL (Specify)	Dec.	1,19	27c. NAME OF CEMETE	RY OR CR Hil		22d		on (City, town, Ltland	or county)	-	(Stot	(e)	
	HERAL DIRECTOR'S	SIGNATURE		ADDRESS	~		24a. REC'D BY	REGISTRA	R 24b. REG	ISTRAR'S SI	0 10			
L	ee Fun	eral Hor	ne Wa	shington D	.C.		DATE DEC	2 '58	, ,	CVCM11 2	, , , , ,			



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VS A15 (4) 15M 10/57 12651

12667

CERTIFICATE OF DEATH

	The state of the s							Keg. DI	37. 140.		
1. PLACE OF DEATH o. COUNTY Montgomer	ý.		MARYLAND	2. USUAL RESID		ere deceased	b COUNTY	ion: Residen	ce before admission)		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
Bethesda		Hurt 33 x = 3									
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)	d. STREET A	DRESS				e. IS RESIDENCE ON A FARM?		
The Clini	cal Center,	Bet	hesda 14. Md.	Route	#1, 1	Box 10	00		YES NO		
3. NAME OF DECEASED	Fire	it .	Middle	Last		4. DATE OF	Moi	oth	Doy Yeor		
(Type or print)	Luth		Marvin	Dowdy		DEATH	Nove	ember	18, 1958		
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		THE	9. AGE (In years		1 YEAR IF UNDER 24 HRS		
Male	White	WIDOW	ED DIVORCED	July	15. :	1902	last birthday) 56 yrs.	Months	Days Hours Min.		
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	ione 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPU	CE (State	or foreign co	ountry)	12. CIT	IZEN OF WHAT COUNTR		
Mill Fore			Textile	Virgi	nia			U.	S. A.		
13. FATHER'S NAME				14. MOTHER'S		IAME					
Walter T.	Dowdy			Mary	E. We	est					
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT The			ecord Add	lress			
(Yes. no, or unknown)	(If yes, give war or dates of se								, Maryland		
	No Unavailable The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]										
	IMMEDIATE CAUSE (6) GASCIOINCES CIRAL DISCOURS, SILE UNDESCRIBED 4 GAYS										
201X											
	Conditions, if ony, which) Hodgkin's disease (Hepatic involvement)										
	gave rise to immediate cause (o), stating the under-										
	lying couse lost. (c) Pseudomenas Septicemia										
PART 11. OT	THER SIGNIFICANT CONE	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJU Hour a.m. p. m.	p. m. 19 at work at work										
21. I certify t	21. I certify that I attended the deceased from July 7 , 1958, to November 18, 1958, that I last saw the decease										
	alive an November 18, and that death accurred at 1:304 M, from the causes and on the date stated above										
	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)										
ACTUAL SIGNATURE	James	M.	March	The C		al Cer			11/18/58		
SIGNATURE M.D. The National Institutes of Hea											
PHYSICIAN'S NAME (Type)	James M. Ma	rsh,	M.D.			L, Mar			/~ii, ~ 4		
220. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREO	/58	22c. NAME OF CEMETERY C	R CREMATORY			ON (City, town,	774	(Stote) ginia		
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24a. REC'E	BY REGIST		STRAR'S SIC	3		
v Kw(1)	runeral	ome	Alexandria	V. Va	DATE NO	V 2 0 '5	i8 a	rthur 8	Harra		
JAN	Lakeyer		TTEVALIET TO	, 'C.	JAIL .			7 40,	- Charles		

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FOR STATE neral director. Page of for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should be considered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be represented to the Chief Medical Examiner's Office along with form PM3. Page 5 may be represented to the Chief Medical Examiner's Office along with form PM3. The pages 1 and 2 with the 2 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12668

12652

Reg. Dist. No.

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before odmission)
	o. COUNTY MINTERSON MARYLAND	o. STATE mel b. COUNTY M	inta
	b. CITY OR TOWN (If outside corporal limits, write RURA c. LENGTH OF STAY IN 16 and give peacest foun)	c. CITY OR TOWN (If outside corporate/limits, write RURAL and	give negrest town)
	Selver Spirit 2 hrs	56 Selver Spring	
	d. NAME OF HOSPITAL OR INSUTUTION (If not in haspital, give street address)	d. STREET ADDRESS 2302 Blue Ridge Ave.	e. IS RESIDENCE ON A FARM?
	2316 Blue Ridge aus	" NEW TO SECOND	YES NO R
3.	NAME OF DECEASED ESTHER First Middle (Type or print)	Lost 4. DATE Month OFATH DEATH 1 - 19	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 B.	foot hirthday)	
	Musile Who to WIDOWED DIVORCED	5-5-1914 44 yrs. Months D	oys Hours Min.
10	dustring most of working life, even if retired)	Y 11. BIRTHPLACE (Slote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	house own home	Sel.	456
13	I. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Som Itts	Keymout in unknown	
	es, na, or unknown) [If yes, give war ar dates of service)	FORMANT Address	
	no none //2	"ymne draper - Them	2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	/	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Cormany	teelisin	1 pr.
	4 00.1 DUE TO		
	Conditions, if any, which are rise to immediate cause		
	(o), stoling the underlying DUE TO		
z	, 10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I/ON 19 WAS ALITOPSY
ATO	And the state of t		PERFORMED?
CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Er	oter noture of injury in Part I or Part II of item 18.)	I TEST NO FO
_			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC facto work at work	E OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	ly) (Stole)
	21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 📈, Inquiry	, and in my
	apinion death resulted from: Natural causes X. Accident	, Suicide , Homicide , Undetermined me	anner 🔲
	1		
	SIGNATURE Trank Q. / Sussetant	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S FLANK J. Bruschau	ASSISTANT MEDICAL EXAMINER JEDEPUTY MEDICAL EXAMINER JEDEPUTY MEDICAL EXAMINER JEDEPUTY MEDICAL EXAMINER JEDEPUTY MEDICAL EXAMINER	4-58
22	o. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMOVAL (Specify) TRANS. & BURIAL 11/18/58 MT. ZION CEMET	TITLE	IS (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY . INC. SILVER SPRING	G MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
1	Raymond a Ziska.	DATENOV 1 7 '58 arthur S. H	rous

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		Man Daylar	LI LIBE ASLA	
BLOOD TANK H.A. BUR				

. PLACE OF DEATH				
Montgomery	MARYLAND		ere deceased lived. If Institution, Resident LCt of Columbia	e before admission)
b. CITY OR TOWN (If autside carporate limits, wr RURAL and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate limits, write RURAL and g	ive nearest town)
Bethesda	12 hours	************	Washing	ton 47x=3
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Suburban Hospital		4701 Conn.	Ave. N.W.	YES NO
NAME OF First DECEASED (Type or print) Henrie	Middle tta Barber	Lost Ellis	4. DATE Month OF DEATH NOV. 26.	Doy Year 1958 19
S. SEX 6. COLOR OR RACE 7.	ARRIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
	OWED A DIVORCED	April 4, 187	74 84 yrs. 7	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU			ZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWITE	Own Home	Distric		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		3 6 12 6 2 1 6
Eckert J. Sacks	5	Henrietta	Barber Loebscher	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		7 Pembrook Rd
(Yes, no, or unknown) (If yes, give war or dates of service)	(None) Ge	orge A. Sacks		nesda, Md.
18. CAUSE OF DEATH [Enter only one cause p		2-84	200	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	34200			SHISH AND DENTHAN
570.5 IMMEDIATE CAUSE (o)	OVER CARE	1/4. 4		1914-2VI
Conditions if any which \	wite invalle	wall a low	8 1 2.A.	2 200.10
gave rise to immediate	COLOR LYLLKO HI	THE CAPATON	CITAVI	a caus
lying cause last	ause run	Roles min	Se	
That I of the significant condition	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY HERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. CITCHER NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. Vinter nature of injury in Po	ort I or Port 11 of item 18.)	SCHOOL STATE
20c. TIME OF INJURY Month, Doy, Year 20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	aunty) (State)
	hile Not while fa	ctory, street, office bldg., etc.)	la 1 rd	(5.6.6)
21. I certify that attended the dec	eased from	19 20, to	M, fram the causes and an th	ast saw the deceased
ACTUAL SIGNATURE	Thay for	mo 104 Cherry	ORESS (Street viry or Ideal store)	DATE SIGNED
PHYSICIAN'S CROTTOR FT.	BRAY TR. N	104 Chevy	Chase Dr. Chev	y Chase, No
20. BURIAL CREMATION, 22b. DATE HEREOF	22. NAME OF CEMETERY C		22d. LOCATION (City, town, or county)	(State)
Burial 11-28-58	Prospect H	1	Washington,	D. C.
3. FUNERAL DIRECTOR'S SIGNATURE	Bethesda,	Md. 240. RECO	BY REGISTRAR 246 REGISTRAR'S SIG	MATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER—DIRECTOR: After this certificate has been signed by the ottending physician and completely filler page 3 Id be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

by the funeral director.

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Reg. Dist. No.

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y the funeral director, 2 should be filed with

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the priar to burial, crematian, ar removal, and in any event with 172 haves after death. may be retained by the haspital or attending physician.

TO FUNER PRECTOR: After this certificate has been six page 3.3.2.2 d be detached for the continuation.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

1. PLACE OF DEATH a. COUNTY Moute MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside capocrate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (IF not in haspital, give street address) OR INSTITUTION OF OF AMERICAN DE	d. STREET ADDRESS 10602 anhurst Dr VES NO
3. NAME OF DECEASED (Type or print) REPART A Middle Middl	ELSBERG-4. DATE Month Day Yeor OF DEATH NON 17 1958
WIDOWED DIVORCED	8. DATE OF BIRTH LULY 4-1908 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Sol yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	11. 8/RTHPIACE (Stole or foreign country) Beltword MI USA
13. FATHER'S CLAME Amuel. (Deceased)	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT	Morris Colshey Whington de
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	we Heart Disease Interval BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO	mon (longtime)
	NOT PLATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	. (Enter nature of injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) tary, street, affice bldg., etc.)
21. I certify that I attended the deceased from July alive on 100 17 1998, and that death	occurred at/05/51, M, from the causes and on the date stated above.
ACTUAL SIGNATURE Pun M. audrows	ADDRESS (Street, city of town, state) DATE SIGNED 11-17-S
PHYSICHAN'S SOIM N. Andrew	15 M.D. grunghed
220 BURIAL, CREMATION, 22b. DATE THEREOF JC. NAME OF CEMETERY OF SEMOVAL (Specify) 11/18-1958 GEO COLSY!	RESERVATORY 22d. LOCATION (City, town, or county) (State) Messes Course (State)
13. FUNERAL DIRECTOR'S SIGNATURE Soldhery Funeral Home West	DC 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE DATE: 1 8 58 Cutlag & Krauch

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by the funeral director,

may be retained by the haspital ar attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely fille, page 3 % Ald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 the registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 10/57

										wan.	31. 110.	•	
1.	PLACE OF DEATH a. COUNTY			MARYI	AND	2. USUAL RESIDE	ENCE (Wh	ere deceased	lived. If institut b. COUNTY		nce befor	re odmissi	ion)
-		Montgomery					Mary		17 12 27 4		tgom		
	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TO	OWN (IF o	ulside corpor	ote limits, write I	tURAL ond	give neo	arest town)
	3	Olney		22 days		X		Sandy	Spring				
	OR INSTITUTION	AL (If not in hospital, g	100	oddress)		d. STREET AD	DRESS						FARM?
		County Gen	eral	Hospital,	Inc							YES DO	NO 🗌
3.	NAME OF DECEASED (Type or print)	Fir Edgar	sf	Middle Morri		Eshlema		4. DATE OF DEATH	Mon	ember	Do:	,	reor 19 58
5.	SEX		7. MADE	NEVER MARRIE		. DATE OF BIRTH	FII		9. AGE (In years		LYFAR	IF UNDE	-
									last birthday)	Months	Doys	Hours	Min.
10	Male	White	WIDOWI	all the same of th		11.27.7			78 yrs.				
10	during most of worl	ON (Give kind of work a king life, even if retired)	done 10b.	KIND OF BUSINESS OF	NDUS	RY 11. BIRTHPLA	CE (State o	ar foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Retired far	rmer				Penn	sylva	ania		I	J. S	. A.	
	. FATHER'S NAME					14. MOTHER'S A			711-1711				
	ITa	nrv Eshlema				1074 - A	hoth	Trad + -					
15	WAS DECEASED EVE	RINII S ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	the cu	Fritz		Iress			
(A	nknown	(If yes, give war or dates of s	ervice)		1				7100				
	knowh			Unknowh	H	ospital	Reco	rds					
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH												
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	. (arainen	10	of the	18	12805	+ ATS		A	PYI	1956
	1777X	DUE TO	•					1			1	1	,,,,,,
	Condition is any which Mr. I not as I for CNIC												
	Gove rise to immediate												
	couse (o), stoting the under.												
_	1/2 1/2												
0	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO T	THE TERMIN	NAL DISEASE	CONDITION GI	EN IN PAR	(T 1(a) 1	9. WAS A	UTOPSY
FICATION	260X		001 000										NO 🔯
CERTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture of	injury in P	ort I or Part	Il of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yea	or 20d. It While	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (He ory, street, affice I	ome, form, bldg., etc.	20f. (City	or town)	(County)		(State)
X	p. m.	19	of work	k ot work									
	21. I certify that I attended the deceased from April , 1956, to NOV , 1958, that I last saw the deceased												
	alive on	NO1.4	10 (and that									
	dire on			rain, and man	ueum	accorred di 3					ne aat		
П	ACTUAL SIGNATURE KIRCHAM K. ZIEGREL M.D. DATE SIGNEL												
	SIGNATURE	Lecion X		Tece	M	.D			C/0 C/	21	170	/	
	PHYSICIAN'S	17.11	-	/									
	NAME (Type)	K 6 7:		M D		01x	16V	Maryla					
22	. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ON (City, tawn,	ar caunty)		(State	10
	Burial	WAY.8	158	QUARR	VII	LE.O.	L	LAN	CAST	ER		12	C
23	PONERAL DIRECTOR		/	ADDRESS	1 849		24g. REC'E	BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATUR	RE	
	(doy av	Barber	_ I	Laytonsvi	lle.		DATENOV			Thur &			
-										1 10	1130111	O .	

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bed by the hospital or oftending physician.	IRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director,	d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1. 2 should be filed with	/
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ned by the hospital or attending physician.	RECT	d be d	bring to hering premotion or semantial and in one event within 72 hours often death

										Keg. Dist. I	40.
1.	PLACE OF DEATH					2. USUAL RESID	DENCE (Wh	ere decease	d lived. If institut		efore admission)
Montgomery MARYLAND						Maryland b. COUNTY Montgomery					
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY II	4 1b	c. CITY OR T	TOWN (If o	utside corpo	rote limits, write I	RURAL and give	nearest town)
	Chevy C	hase				X Chev	y Ch	ase			
	d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS	1			e. IS RESIDENCE ON A FARM?
	3604 Sp	ring Stre	et			3604	Spr	ing S	Street		YES NO
	NAME OF DECEASED	Fir	st	Middle		Los	1	4. DATE	Moi	nth	Doy Year
	(Type or print)	ANN		SUTHERLAN	ID	EVAN	IS	OF DEATH	Nov	. 3	1958
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIES	B.	DATE OF BIRTI	Н		9. AGE (In years	The second secon	AR IF UNDER 24 HRS.
	Female	White	WIDOW	DIVORCED		Aug.	5, 1	877	81 birthdoy)	Zonths 200	rs Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
	Housewif	king life, even if retired A	'				Virg	inia			US
	FATHER'S NAME					14. MOTHER'S					
	John C	rissv			300	Sa	ally	Harri	s		
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT				Iress	
_	No	(II yes, give war or dates of s	ervice	None	Mr	s. Nan	ncy B	lair.	-daught	er-sam	e as 2d
			use per li	me for (o), (b), and (c).]		1	0	0			NTERVAL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	eubro-Vi	scu	dar t	una	who	ge .		7 days
	422.1	DUE TO	1		-		0		0	0	
	Conditions, if o		1 60	nerolized	rite	noschro	Tic Co	uction	rascular	disease	· years
	gove rise to in couse (o), stoting	mmediate (DUE 70	,					7			0
	lying couse lost.) (c)								
O	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART 1(c	19. WAS AUTOPSY
CATION											YES NO D
CERTIFI	20a. ACCIDENT WA	S UNDERLYING CO	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in F	ort I or Por	t II of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		*-						200	
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. II While	NJURY OCCURRED	Oe. PLAC	E OF INJURY (I	Home, farm.	20f. (City	or town)	(Coun	ty) (State)
ME	p. m.	19	of wor						D. D. A. C.		
	21. I certify th	at I attended the	deceas	ed from OC	tohe	~ 1956	, to	NOV	empa 195	Lithat I last	saw the deceased
	alive an	Ovember 2	19	58 and that	death o	occurred at	75				date stated above
		PM	-	1		:00			treet, city or town,		DATE SIGNED
	ACTUAL SIGNATURE	grif ou	1 CK	ranan	M.	D. 1839	t Ly	e Shi	V.W.	Wash	ngton, 6, de
	PHYSICIAN'S NAME (Type)	conte	C.R	ouchavan	<u> </u>	782	12 C	uste	r Road	Bei	Lesda, de
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	10	22c. NAME OF CEME					TION (City, town,	or county)	(Stote)
B	REMOVAL (Specify)	11/5/5	6	Union (Ceme	tery		Le	esburg,	Virgi	nia
	FUNERAL DIRECTOR			ADDRESS	2.4		240. REC'1	BY REGIST	RAR 24b. REG	ISTRAR'S SIGNA	TURE
	Robert A	. Pumphre	y	Be the sda,	Mar	yland	DATE NO	V 5 '5	58 a	athun 9 4	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10070

CERTIFICATE OF DEATH

L		12049		CE	KIIFIC	AII	OF DEA	III				Reg. E	Dist. No		
1.	PLACE OF DEATH o. COUNTY Mo	ntgomery			MARYLAND	2.	usual residence (o. STATE New York	(Whe	re deceased	lived. If i	institution DUNTY	on: Reside	ence befo	re admis	sion)
	b. CITY OR TOWN (I RURAL and give ne	f outside corporate limi	ts, write	c. LENGTH OF	STAY IN 16		c. CITY OR TOWN (If ou	tside corpor	ote limits.	write RI	URAL one	give ne	arest tow	n)
	Bethesda			28 d	ays		Rochester	10	0				(691	K. 3
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	jive street	oddress)			d. STREET ADDRESS			-500					SIDENCE A FARM?
		al Center,			. Md.		76 Burrow	S	Hills	Driv	е				NO IX
3.	NAME OF DECEASED	Fir	st		Middle		Lost	1	4. DATE		Mon	th	Do	у	Yeor
L	(Type or print)	Stan			oyd		Fairbank	S	DEATH	No	veml	per	5		1958
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER A	MARRIED T	8. D/	ATE OF BIRTH		9	P. AGE (In	years			1	ER 24 HRS
	Male	White	WIDOW		ORCED		ebruary 2		1951	7	yrs.	Months 8	7	Hours	Min.
10	 USUAL OCCUPATION during most of work 	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSIN	ESS OR IND	USTRY	11. BIRTHPLACE (Sec	ate or	r fareign co	untry)		12. C	ITIZEN C	F WHAT	COUNTR
	Child		1	lone			Pennsyl	vai	nia				U. 8	S. A	
13	. FATHER'S NAME					14	. MOTHER'S MAIDEN	N NA	ME						
	Carroll H.				16		Marjorie								
15		R IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO. 17.	INFOR	MANT The M	led:	ical I	lecor	d Addr	ess			1
	no		1	lone		The	Clinical	C	enter,	Bet	heso	da 1	to Ma	aryla	and
		TH [Enter only one co	use per li	ne far (a), (b), an	d (c).]		+ 1.1-1-	٠.			1-			ERVAL BI	
	PART I. DEA	TH WAS CAUSED BY: 'IMMEDIATE CAUSE (o	TOP	West 4	leulas	4 A	Matalie	4	of Co	" roll	uc	alt	Tel Service	30	DEATH
	754.5	DUE TO	6	1	41	1	·~ 1~	·		-	1-	- 01	11		
	Canditions, if or		, Ce	Maxim	lel.	Kla	OH OUN	and a	21-1	enle	16,1	age	ref .		
	gave rise to in couse (o), stoting t		0	1.1.			- 1 1.	-	1	THE	Lee	7			
	lying cause lost.	(c	- (l	wone	l el	Du	gesell	K	Tar	un	re				
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING T	O DEATH BU	TON TO	RELATED TO THE TER	RMID	AL DISEASE	CONDITIC	ON GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO YES X	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJU	JRY OCCURR	ED. (En	ter noture of injury	in Po	rt I or Part	II of item 1	18.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes		NJURY OCCURRE	D 20e. F	LACE	OF INJURY (Hame, fo	orm,	20f. (City	or town)			(County)		(Stote)
MED	Hour e.m.	19	While of wor	Not while k at wark	j "	octory,	street, office bldg.,	etc.)							
	21. I certify the	at I attended the	decens	ed from Oc.	tober	8.	1058 to N	OV	emhar	5 ,	058	Al-na I	last		1 .
	alive on_Nov		_, 19 5	68 and	that deat	h acc	urred at 3:5	5P	AA from	the cou	7.252.	,inai i	IGST SC	iw the	Gecease
	00			5	910, 0001	/	orred di		DDRESS (Stre				rne aa		ed abay ATE SIGNI
В	ACTUAL	Maira	//	TX A	est.	M.D.	The Cli							11/	5/58
		· ·		1	11	_ M.D.	Nationa				of	Heal	l th		
	PHYSICIAN'S NAME (Type) W	illiam W.	Pfaff	, M. D.	0		Bethesd					11000	- 011		
22	BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF	CEMETERY	OR CRE			2d. LOCATION			r county)		(Stot	(e)
Bı	REMOVAL (Specify)	t 11/8/58	3	Lake	view	Cen	etery			iams					
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				C'D	BY REGISTR				IGNATUR		
	Robert A	. Pumphre	ey .	Betheso	la, M	ary	land DATE	OV	1 0 '58		Chil	Lun 8.	Kraw	6.	

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 ined by the haspital ar attending physicion.

PIRECTOR: After this certificate has been signed by the attending physician and completely filled to be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, crematian, ar removal, and in any event within 72 haurs after death. TO FUNER VS A15 (4) 1SM 10/S7

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	STATE PREASTMENT OF HEALTH BALTIMORS.	OWNERS OF THE PROPERTY OF
	CERTIFICATC OF BEATH	The state of the s
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VS A1S (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10050

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24s. REC'D BY REGISTRAR

DATHOV 1 4 '58

		12011		CERTIFIC	ATE OF DEATH	1		Reg. D	ist. No.	12	000
	PLACE OF DEATH	omery Co	unty	MARYLAND	2. USUAL RESIDENCE (Who o. STATE)	ere deceased	l lived. If institution b. COUNTY	on Reside	nce befor	re admiss	ion)
	b. CITY OR TOWN (IF		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	ulside corpor					1)
	Olney	arest rawn,		6 days	Glenwood		13	3x - 3	2		
1	d. NAME OF HOSPITA OR INSTITUTION Montgomer	AL (If not in hospital, g		eral Hosp.	d. STREET ADDRESS						FARM?
=	NAME OF	Fir		Middle	Last	4. DATE	Mon	th	Do		Year
	DECEASED (Type or print)	Walter		Henry	Filling	OF DEATH	Nov		9	,	1958
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			
	Male	White	WIDOWE		11-13-93		lost birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Printer	ing ine, even it renred	'		Penn.			T	J. S	. 2	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME			, ,	23	•
Н	Frank Er	nest Fil	ling		Lillian	Mae	Forrest				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr		TE.		
		70, 914 110 01 00 00 01		N	ellie M. Fil	lling	, Glenw	rood,	, Mô		
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o). (b). ond (c).] Uremia						RVAL BE	DEATH
	446X	DUE TO									
	Conditions, if on gove rise to in)	Nephroscler	osis				1	yea	r
	cause (a), stating t										
7	lying couse last.) (c	-								
CATIO				eart diseas	T NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAS	₹T 1(o) 15	PERFO YES [RMED?
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port	II of item 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m.	Manth, Day, Yes	While	JURY OCCURRED 20e. P	LACE OF INJURY (Home, form, octory, street, affice bldg., etc.)	20f. (City	or tawn)	((County)		(Stote)
4		of lattended the		d from Nov. 3.	, 1958, to 1 h accurred at 3:001	Nov.	9, 1958	,that I	last sa	w the	deceased
7	dive di-			du a			eet, city or town,		he dat		ed abave. ATE SIGNED
	SIGNATURE_	bustes S	M	when	M.D. Clarks	evill	e, Mary	land	1	11-	10-8
	PHYSICIAN'S NAME (Type)	Charles	s. W	hitaker, M.	D.						
220	BURIAL, CREMATION REMOVAL (Specify) Burial	11-12-58		22c. NAME OF CEMETERY	OR CREMATORY		ION (City, town, a	r caunty)		(Stote	e)
	Dar Te-T		0	Woodlawn		WOOd.	lawn .Md				

ADDRESS

	CERTIFICATION			
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12606 by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pagel 關

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12659

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Mont Somery		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where decease	b. COUNTY	La conera	efore admission)
b. CITY OR TOWN (If outside corp.	prote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corpo	prote limits, write R		nearest town)
RURAL and give nearest town)		14 days	1 x whee	aton.	Silver Sp	ring	
d. NAME OF HOSPITAL (If not in h	1	oddress) (4000; Lal	d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM?
	etarium e		11810 GB				YES NO B
3. NAME OF DECEASED (Type or print)	Anna	Louise	- Flanas	4. DATE OF DEATH	Mon		Doy Yeor 25 1958
5. SEX 6. COLOR C	R RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.
Ze w	WIDOW	DIVORCED	8-14-8	PO	lost birthdoy)	Months Day	rs Hours Min.
100. USUAL OCCUPATION (Give kind		KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY
during most of working life, even		own home	Wisco.	nsin		4	S.
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
hours Schultz			FReden	in t	Redenz	:/	
15. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY NO. 17.	INFORMANT	1	Add	ress	
(Yes, no or unknown) (If yes, give wor o	or dates of service)	none	pt chart	- Pt.			
18. CAUSE OF DEATH [Enter on	ly one couse per lin	ne for (o), (b), ond (c).]	1 1 1	,			NTERVAL BETWEEN
PART 1. DEATH WAS CAU	SED BY: CAUSE (o)	Minoma	head of	banc	reas		NISET AND DEATH
157X	DUE TO	2 . 1 4		1			
Conditions, if any, which)	(b) d	iabeles "	mellate	us.			
gave rise to immediate	DUE TO	1 1 1	,		4-	-	
lying couse lost.	10 ho	shrate Son	molione	with a	Erminal	ener	ma.
PART II. OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY
PART II. OTHER SIGNIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CAUSE OF CONTRIBUTING OF CAUSE OF CONTRIBUTING OF CAUSE OF CONTRIBUTING OF CAUSE OF CA							PERFORMED?
200. ACCIDENT WAS UNDERLYIN	IG 206. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Part I ar Pa	rt II af item 18.)		
OR CONTRIBUTING CAUSE OF CHIEF CONTRIBUTING CAUSE OF CHIEF CONTRIBUTING CAUSE OF CHIEF CAUSE OF CAUSE	F DEATH						
Z 20c. TIME OF INJURY Month,	Day, Yeor 20d, It	NJURY OCCURRED 20e. F	LACE OF INJURY (Hame,	form, 20f. (Cit	y or tawn)	(Coun	ty) (State)
Hour a.m.	19 While of work	_ Not while _ f	actory, street, affice bldg	., etc.)			
		7-13	A E.O.	mai	95	~	
21. I certify that I attend	ded the deceas	PP.	2, 19.5 8, to				saw the decease
alive on 1/03/ of	4 195	2.6,_, and that deat	h accurred at				
ACTUAL PIO	6	1 211	2.1.00	ADDRESS (S	itreet, city or tawn,	state)	DATE SIGNE
SIGNATURE THE	p 6 .	Jones	M.D. 218 C.	swou	h. Elm	re-	11-25-
PHYSICIAN'S PHILIP	E. JONES		Sit	er.	Sprin	9 9	nd.
220. BURIAL, CREMATION, 22b. DAT	E THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, lower)	or county)	(State)
REMOVAL (Specify) 11/2(5/58	FT. LINCOLN	CEMETERY	PRI		COUNTY,	0.000
23. FUNERAL DIRECTOR'S SIGNATURE	REY, INC.	ADDRESS	240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA	TURE
Raimand R	Linka	SILVER SPR				of S. Krau	A

may be retained by the haspital or attending physician.

TO FUNERATEDIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 to 10 be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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Reg. Dist. No. 215

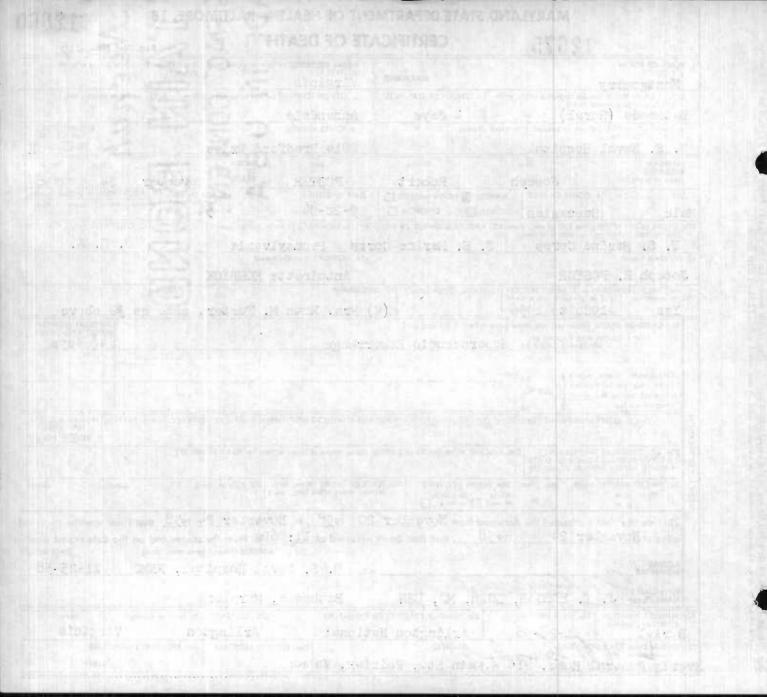
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1	SN	A15	3/5	}

1.	e. COUNTY Montgomer	v		MARYL		usual RESIDENCE (Vo. STATE Virginia	Where decease	d lived. If institution b. COUNTY	on: Residenc	e befar	e odmiss	sion)
	RURAL and give ne	outside corporate limit orest town) Rural)	s, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (I	f outside carpo	orate limits, write R	URAL and g	ive nea	rest town	n)
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS			N			FARM?
		L Hospital					ord Dr	ive			AE2	1 NO [X
3.	NAME OF DECEASED	Fire	it	Middle		Lost	4. DATE OF	Mon	th	Do	у	Year
	(Type or print)	Josep		Robert		FOSTER	DEATH	MOACITI		24		1958
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. 1	ATE OF BIRTH		9. AGE (In years lost, birthday)	IF UNDER Months	Doys	Hours	ER 24 HRS.
-	ale	Caucasian	WIDOWE			9-28-04		54 yrs.				
10	 USUAL OCCUPATION during most of work 	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Sto	te or foreign c	country)	12. CITI	ZEN O	F WHAT	COUNTR
	U. S. Mar		U	. S. Marine	Cori	es Pennsy	rlwania		U.	S.	A.	
13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
1	Joseph R. 1	FOSTER				Antoinett	te KOEB	ICK				
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC			Add	ress			
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=		TH [Enter only one co		e for (a) (b) and (c) 1	(W)	Mrs. Ruth	M. FUS	ser, seme	as a		RVAL BE	
	The state of the s	TH WAS CAUSED BY:								ONS	ET AND	DEATH
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	330 X	DUE TO										
	Conditions, if or											
	gave rise to in cause (a), staling t											
	lying cause last.	(c)										
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(0) 19	PERFC	AUTOPSY ORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (inter nature of injury i	n Part I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While at work	_ Nat while _	PLACE factor	OF INJURY (Hame, fa , street, affice bldg., e	rm, 20f. (City	y or lawn)	(C	ounty)		(Stole)
	21. I certify the	at Lattended the	decease	ed from Novemb	er 20) 1958 to N	lovembe	r 24 1058	that I I	net ea	w the	decen
	ofive an Nove		_, 19_5			corred at 11:0	06PM, from		ond on th		e state	
	ACTUAL SIGNATURE					II C No			ATRIA (OC)	7	1 -06	- 68
	SIGNATURE	7//20	7		M.D	U. S. Na	var no	Spr car, 1	ATAMC		1.67	2-20
	PHYSICIAN'S J	T. HORGAN	, LC	DR, MC, USN		Bethesda	, Mary	land				
220	BURIAL CREMATION			22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	ie)
-	Burial	11-28-5	3	Arlingtor	n Nat	ional	Arli	ington	1	Virg	gini	a
23.	FUNERAL DIRECTOR	STONATURE	.0	ADDRESS		24o. RE	C'D BY REGIST	TRAR 24b. REGIS	STRAR'S SIG	NATUR	E	
Ev	erly Funer	al Home, 2	14 W.	Main St., I	Fairf	ax, Va DATE	W.2 8 '58	B ONT	2mg 8. +	Traus	1	
						The state of the s	78 6 0					



12661

		12676	CEKTIFIC	AIE OF DEAT	Л	R	eg. Dist. No		
		gome ry	MARYLAND	2. USUAL RESIDENCE (W. o. STATE D. C		d. If institution: b. COUNTY	Residence befo	re admissio	>n)
	b. CITY OR TOWN (If outside 1972) GTOSVE	mor Lane	c. LENGTH OF STAY IN 16	Washing t		limits, write RURA	AL and give new 7×3	arest town)	
)	d. NAME OF HOSPITAL (IF OR INSTITUTION Resmor Sar	not in hospitol, give street of litarium &	Hospital	d. STREET ADDRESS	s. Ave.	, N.W.		ON A I	FARM?
	3. NAME OF DECEASED (Type or print)	First JOSEPH	Middle	tosi FOSTER	4. DATE OF DEATH	Month Novembe	r 20,	y Ye	9 58
	female w	thite WIDOWE		5/18/1875	8	st birthdoy) M	UNDER I YEAR onths Days	Hours	Min.
	10a. USUAL OCCUPATION (Giduring most of working life Hotel Prop	e, even it refired)	KIND OF BUSINESS OR INC	ustry 11. Birthplace (Stote Tennes		r)	12. CITIZEN C	F WHAT	COUNTRY
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
1	Joseph Ma	loy Foste	r	Talit	ha Jame	son			
1	15. WAS DECEASED EVER IN U (Yes, ne or unknown) (If yes, g	. S. ARMED FORCES? jive war or dates of service)	SOCIAL SECURITY NO. 17.	Home Record	5721 s -Beth	Grøsv	enor I	lane	-61
	18. CAUSE OF DEATH [E	inter only one couse per lin	e for (o), (b), and (c).]				INT	ERVAL BET	WEEN
	PART I. DEATH WA	AS CAUSED BY:	relive 1	Lecens Bereich	wi -		ON:	SET AND D	DEATH
	420,0	DUE TO ,						100	1
	Conditions, if ony, wi	hich) waste	vic-Sellia	lin Heart	Disson		1	DHER	,
	gove rise to immedicouse (o), stoting the un		0					1	7
	lying couse lost.	1,500 (0)	reculey (76	reaching.					
)	PART II. OTHER SIG	ENIFICANT CONDITIONS CO	1	JT NOT RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN	IN PART 1(o)	PERFOR.	MED?
	200. ACCIDENT WAS UND		RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of	item 18.1		162	NO I
	200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH							
			JURY OCCURRED 20e.	PLACE OF INJURY (Home, form	n. 20f. (City or to	own	(County)		(Stote)
	20c. TIME OF INJURY Mo Hour o. m. p. m.	19 While of work	Not while of work	octory, street, office bldg., etc					(0.0.0)
	21. I certify that it	attended the decease	d from 5/11/0	19 10	11/50/2	- f. 19,th	nat I last so	w the d	lecease
	alive on	20127 15	, and that deo	h occurred of 50	12M, from the	e causes and	on the do		
	ACTUAL SIGNATURE	es G. O'K	les & Re	M.D. 4545	ADDRESS (Street,	Ary n	e)	DAT	TE SIGNE
/	PHYSICIAN'S SE	mes Ao	treetle						
	220. BURIAL, CREMATION, 221	b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or co	ounty)	(Stote)	
	Removal 1	1/22/58	Lasting H	ope	Cart	ers Cre	eek. T	enne	sse
	23. FUNERAL DIRECTOR'S SIGN		ADDRESS Was		D BY REGISTRAR	24b. REGISTRA		₹E	
	The S.H. Hi	nes Co29	01 14th St.	DATE NO	N 2 4 '58	(1.11	. 0 4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 bid be detached far use as the burial-transit permit. Then please remove carban papers. Pages 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 herrafiter death. VS A15 (4) 15M 9/SS

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please T execute the certificate, writing the word "pending" in pendin 18. Give Pages 1, 2, and 3 to the funeral director. Page in T 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refined for your files. TO FUN DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Board of Health. To or its assignated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

>	12607 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12662
	o. COUNTY Montagemers MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. STAT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give learest town) 13 Kenne Pork 3 hours 565/1/21 Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS.
	Wash Jan + Hosp 127 Lexington Drive YES NOS
1	3. NAME OF DECEASED (Type or print) Rose FISHER WMN Frank Day Year DEATH NOV. 24 19 58
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 12-25-84 9. AGE (In years lost birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
1	Simon Fisher 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE NONE
	18. CAUSE OF DEATH [Enter only one couse per line for (gh. (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture c subdural behaviour of the couse of the couse of the couse of the couse (a).
	Conditions, if any, which) (b) Multiple confusions and lacerations of the brain
ı	gove rise to immediate cause (a), stoling the underlying cause last. (c) Massive left hemogeneous thoray of jub practices
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	CHANGE CARLES OF MARKET
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20t. (City or town) (County) (State) Hour o.m. Hour o.m. 11-24 1954 of work of work of work of work of work of work
	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes, Accident , Suicide, Hamicide, Undetermined manner
	SIGNATURE FROM BRANCHAST M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
,	EXAMINER'S FANK J. BLOSCHZH DEPUTY MEDICAL EXAMINER (1) 11-25-58
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 121. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City. Iown, or county)
2	ROYMOND SILVER SPRING, MD. 240. REC'D BY PEGISTRAR 240. REGISTRAR'S SIGNATURE POMPHREY, INC. SILVER SPRING, MD. DATE OV 2 6 '58 ONLINE S. FLOWER
R-d	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HTTLE CORD STREET, THE CORD WAS CITED AND COMMON THE DESCRIPTION OF THE PROPERTY OF THE PROPER Dueil seell Monteresser 3 hours Tilver spring Pokerna Fork 127 Lexington Wash Jan + Hosp NMW Frank 12-25-14 73 white X German otredi)

by the funeral director,

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12608

CERTIFICATE OF DEATH

12663

	Reg. Di	ar. 140.
1. PLACE OF DEATH o. COUNTY MENTAGENTY Co. TOLONG POR MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residen a. STATE b. COUNTY	t annum Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	- Carrier Carrier
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington Sanitarium + Hospital.	p. STREET ADDRESS 802 VNIVENSITY Blvd.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Earl	French 4. DATE Month OF DEATH November	Day Yeor 2— 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1 - 4 - 1892 9. AGE (In years lost birthday) 6 yrs. IF UNDER Months	Doys Hours Min,
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attachitect Ship Design.	Pennylvonia u	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME Christian Frontenacher	14. MOTHER'S MAIDEN NAME MINENA Adams	
(Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT Address Pace B. French, same as abo	ve
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Urcmi	· a .	INTERVAL BETWEEN ONSET AND DEATH 2 month
Canditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. DUE TO Canditions, if any, which (b). DUE TO (c)	ized Arteriosclerosis.	2 years.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (cotory, street, affice bldg., etc.)	County) (Stole)
21. I certify that I attended the deceased fram Sept. 2 alive on Nov. 2, 19 58, and that death ACTUAL SIGNATURE COLL Humphay 1	h accurred at 8 2 AM, from the causes and an the ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)	
PHYSICIAN'S C. W. Humphre fs, J. 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	. Washington & DC	
11/5/58 George Wash		ryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 2901	24b. REGISTRAR' 24b. REGISTRAR'S SI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

TO FUNEST DIRECTOR: After this certificate has been signed by the attending physician and completely fille page 3 to be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

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	CAMPAGE COMPANY OF THE LOCAL		PERMIT CHANGE CHANGE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12677 CERTIFICATE OF DEATH 12664

1000							Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Montgomery Co	ountv	MARYLAN		USUAL RESIDENCE (W	7	lived. If instituti b. COUNTY			
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Silver Spring		c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN (IF	outside corpore	ate limits, write R		omery e nearest to	
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Greene's Nursing Ho			le R	d. STREET ADDRESS	orthwoo	d Ave.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle		lost Frye	4. DATE OF DEATH	Novemb		Day 6	Yeor 195.8
5. SEX 6. COLOR OR RA		IED NEVER MARRIED	7 B. D.	ATE OF BIRTH	19	. AGE (In years	IF UNDER 11		
female white	WIDOWE	DIVORCED		Aug. 2, 18	71	lost birthday) 87 yrs.		ays Hour	
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re Housewife	ork done 10b. tired)	NIND OF BUSINESS OR IN	NDUSTRY		or foreign cau	intry)			AT COUNTRY
13. FATHER'S NAME		Sinou Han	114	Pa. . MOTHER'S MAIDEN I	NAME		U	SAA	
Uriah S. Wolfe				Mary Jean					
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 1	7. INFO			Add	ess		
(Yes, no. or unknown) (If yes, give wor or date		None	Mrs	La Rue S	Jordan	127 No	rthwoo	d Asso	0 0
Conditions, if ony, which gave rise to immediate cause (a), sloting the underlying couse lost.	8Y: SE (a) E TO (b) (c)	Peurely a	d	· Heart Certirio:	Dise	ase us.		INTERVAL ONSET AN Clurk	HOLLY HOLLY KULLIN
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER	CONDITIONS	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in	Part I or Part	I of item 18.)			
20c. TIME OF INJURY Month, Doy, Hour o.m.	Year 20d. It While at wark	Not while	factory,	OF INJURY IHome, form street, office bldg., etc	n, 20f. (City o	or town)	(Cau	inty)	(State)
21. I certify that I attended olive an Nov 2	the deceose , 195		ath ac	, 12 9 , to 1 curred at6:15 / 8237 Georg	4_M, from	the causes of th	nd on the	date sta	
PHYSICIAN'S NAME (Type) Aaron H.	Traum			/ [****	0		
220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL NOV. 9	1958	22c. NAME OF CEMETER Riverview C			22d. LOCATION	ON (City. town, o	own/ P		bing Co
23. FUNERAL DIRECTOR'S SIGNATURE	y Inc.	8434 Georgia			D BY REGISTR	AR 24b. REGIS	TRAK'S SIGN	ATURE	

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page, 4 O FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 s. d be detached for use as the burial-transit permit. Then please remave corbar papers. Pages 1 the registrar prior to burial, cremotian, or removal, and in any event within 72 haurs after death. moy be retained by the hospital or attending physician. VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

cessory, please irector. Page r your files. ird of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is ne

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VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19070

	10013	tem FIImoz)	12-19-00 80		Reg. Dist. No	0.
	PLACE OF DEATH COUNTY Montgomery	MARYLAND	- 62.00	Vhere deceased lived. If in b. COU		efare admission)
t	CITY OR TOWN [If outside corporate fimits, write RURAL and give nearest fown]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL and give	nearest town)
	Bethesda		* Betheso	la		
(. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	5411 Goldsboro Rd		5411 Golds	sboro Rd,		YES NO
	NAME OF First DECEASED (Type or print) Trandom C	Middle Fulton	Lost	O.E.	29, 1958	Year 19
5. 5	Vander C. 6. COLOR OR RACE 7. M.	the state of the s	DATE OF BIRTH	9. AGE (In year		
		OWED DIVORCED	3/ / 190	(lost by byloy)	Months Doys	Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 1 luring most of working life, even if retired)	0b. KIND OF BUSINESS OR INDUST			77.00 4	F WHAT COUNTRY
22	handy man			urg, Co. S.		
13.	Peter Fulto	on	Sarah F			
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF	NFORMANT	Addi	(61)	
Yes	If yes, give war as dates of service)	P	olice Record			
	1B. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]				ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlu	sion			ound dead
	420.1 DUE TO	ODIONALY OCCIA	02011		on	floor of
	Condition 1/ min 11/12				hi	s home.
	gave rise to immediate cause					
	(a), stating the underlying DUE TO (c)					
CATION	PART II, OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO (34)
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED. (E	nter noture af injury in Par	t I ar Part II af item 18.)		
3	20c. TIME OF INJURY Month, Day, Year	od. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm	20f. (City or town)	(County)	(State)
MEDICAL		While Not while facto	ary, street, affice bldg., etc.)		
	21. I certify that I taak charge of t	he remains described aba	ve, held an Autaps	y . Inspection F	, Inquiry Ty	and in my
	opinion death resulted fram: Natur	-	_	Hamicide [], Und		
	1	0				DATE CIONED
	SIGNATURE TRANK	Broschart	_M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
	EXAMINER'S NAME (Type) Frank J. Brose	chart	ASSISTANT MEDICAL		11/29/58	
	REMOVAL (Specify)	22c. NAME OF CEMETERY OR Redmon Funer		22d. LOCATION (City, fow King Street	ot., S. C.	(State)
23.	FONERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. RE	EGISTRAR'S SIGNATU	IRE
	Tobelt I, snowall	C Rockville, Md.	DATEEC	11 '58 a	rithur S. France	4

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VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1267	9-	CERTIFIC	ATE OF DEATH	1		Reg. Dist. N	6. 215
1. PLACE OF DEATH COUNTY Montgomery			MARYLAND	2. USUAL RESIDENCE (Wh. STATE Maryland	ere deceased			
	If autside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpor	ate limits, write RU	RAL and give I	nearest tawn)
Bethe sda	(Rural)		3 days	Hollywood		- 18	X 2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital (give street		d. STREET ADDRESS				e. IS RESIDENCE
U. S. Nava	1 Hospital	199		Route #1				YES NO D
3. NAME OF DECEASED (Type or print)	Jac		Middle Francisca	GERRITSEN	4. DATE OF DEATH	Novem		Doy Yeor
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HI
Temale	White	WIDOWI		12-22-22			Months Day:	Haurs Min.
10a. USUAL OCCUPATE during most of wor Housewife	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote Holland	or foreign co	untry)	U.S.A	OF WHAT COUN
13. FATHER'S NAME		71		14. MOTHER'S MAIDEN N	IAME			
Johann AKE	LYEN			Cornelia M	AYER			
IS. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addre	55	
No No	[If yes, give wor or dates of s		50-42-4066 (1	H) John M. Ger	ritsen	. same a	s #2 ab	OVE
Canditions, if a gave rise to it cause (a), stating lying cause lost.	the under-)(corolinal T NOT RELATED TO THE TERMI			m	h days
OTATION OF THE PROPERTY OF THE	TER STORT LEARN COR		CONTRIBUTING TO DEATH 80	THO REDATED TO THE TERMIN	NAL DISEASE	CONDITION GIVE	N IN PAKI I(o)	PEREORMED? YES A NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	Part 1 or Part	II of item 18.)		
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e. P Nat while for the part work Part Par	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.	, 20f. (City	or tawn)	(Count	y) (Stat
21. I certify th	nat I attended the	decease	ed from November	1 , 19 58, to NO	vember	4 10 58	that I last	saw the decea
olive on_Nov				h occurred of 5:10A				
	4		, , , , , , , , , , , , , , , , , , , ,	. Coconica organizati	ADDRESS (Str	eet, city or town, st	late)	DATE SIG
ACTUAL SIGNATURE The	atthew W	· W	am pou	M.D. U. S. Nav	al Hos	pital, N	NMC	11-4-5
PHYSICIAN'S NAME [Type]	M. W. WOOD	, LCD	R, MC, USN	Bethesda	14, Ma	ryland		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	11-6-58		Memorial Par			ON (City, town, or		(Stote) irginia
3. FUNERAC DIRECTOR					-			
1 1	any		STADORESS		D BY REGISTR		RAR'S SIGNAT	
Kiverside I	runeral Hon	e, Ne	ewport News, V	a. DATE N	OV 5 '	58 I a	Thur & 49	Tana A

ince at anomi		AT HAYED STATE OF		
CSS and action to	HTARG TO STA	CERTIFICA		
	Maryland			v racing and
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may be retained b

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12680

CERTIFICATE OF DEATH

12666 Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	lontgomery	15	MARYLAND	2. USUAL RESIDENCE (No. STATE		d lived. If institu b. COUNT	Υ			ion)
	(If outside carporate limi	ts write	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (I	ryland		OM	ntgon	lery	,
RURAL and give n		,,	2 days	56		ver Spri		ua give ne	diesi iowii	,
OR INSTITUTION			— 1111	d. STREET ADDRESS	4			1	e. IS RES	FARM?
Montgomery	County Ger	eral	Hospital, Inc		801	Northwe	st D	rive	YES [NOX
3. NAME OF DECEASED (Type or print)	Fir W17		Middle Anna	Goodvea	4. DATE OF DEATH		vemb	Do		Year 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH10/	17/74	9. AGE (In years	IF UND	DER 1 YEAR	IF UNDE	R 24 HRS.
Female	White	WIDOW	ED DIVORCED	VIAGAMANA.		lost birthdoy)		os Doys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign o		12.	CITIZEN C	OF WHAT	COUNTR
Homemaker	rking life, even if retired)	Own home		Dakot	9.		U. S	. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Daniel Good	lyear		Jennie D	unlop					
15. WAS DECEASED EV		CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Ad	dress			
no	(ii yes, give was as acres of s		none	Hospita	1 Reco	rds				
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	W	ne for (o), (b), and (c).	renom	ia	Reght	he	INTON	ERVAL BE	DEATH
Conditions, if a	DUE-TO	-	i adion b	onghi	tis			1	58	erenci)
gove rise to couse (a), stating	immediate (-	0.	0 0	+ 1	0.		,		1/2
lying couse lost.		, 0,	enelali2	ga lu	UNIS	sellio	ne	7	Sho	, ,
CATIC	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	IVEN IN F	PART 1(0)	PERFO YES T	AUTOPSY RMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Part I or Par	t II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While at wor	Not while for	ACE OF INJURY (Home, fo ctory, street, affice bldg., e	orm, 20f. (City	or town)		(County)		(Stote)
21. I certify the	nat I attended the	deceas	130	occurred at 10:1		n the causes	and on	I last so	aw the	decease
ACTUAL SIGNATURE	())		10	M.D. ,	Noones ()		, stole)		11/12	-58
PHYSICIAN'S NAME (Type)	G. H. Ligor	M.	D. D.	Sandar S	nning_	Marylan	à		1	1 -0
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL		F	22c. NAME OF CEMETERY OF BLANDFORD CEM	R CREMATORY ETERY	22d. LOCA	TION (City, town,	or count	y)	(Stote	1)
22 FUNERAUDIRECTOR	GUMATUREY, I	NC.	ADDRESS SILVER SPRING		C'D BY REGIST			SIGNATU S. Tha		

THE RESIDENCE OF THE PROPERTY		I SECRETARIO E-HILASE TO TURNISMEND ITATZ ONATION ALL SUCCESSION IN
The second secon		CERTIFICATE OF DEATH OF THE CASE
	e	
		2003년 (2007년) (1202년) 1일 12일 12일 12일 22일 12일 12일 12일 12일 12일
		THE STATE OF M. Light, M. W

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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 8 9 Film 2 3 6 11 - 25 - 58 et CERTIFICATE OF DEATH 12681

	10001		CERTII	FICA	IE OF DE	AIR			Reg. D	ist. No	215	
1. PLACE OF DEATH o. COUNTY Montgomen	S.Y		MARYL	AND	2. USUAL RESIDEN o. STATE Marylan		ere decease	ed lived. If institut b. COUNTY		nce befo	ere admis	sion)
b. CITY OR TOWN (In RURAL and give no	outside corporate limi	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW	/N (If ou	utside corpo	prote limits, write I	RURAL ond	give ne	arest tow	n)
Bethesda	(Rural)		22 day	S	Brookmo	nt						
OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDR							SIDENCE A FARM?
	ral Hospita				4310 Lo	cus						, 42
3. NAME OF DECEASED (Type or print)	Fir		Middle		GORMAN	9	4. DATE OF DEATH	Novem		14	,	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D B.	DATE OF BIRTH	7.0	076	9. AGE (In years last/bythday)	IF UNDE		-	ER 24 HRS.
Male	White	WIDOW			March 15.	/18	876	8281 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE	Islore &	or foreign o	country)	12. C	TIZEN C	OF WHAT	COUNTRY
Guard			. S. Govt.		Mass.					U.S.	A.	
13. FATHER'S NAME	ST R. L.				14. MOTHER'S MA	IDEN N	AME					
Michael G	ORMAN	197			Margare	t F	ITZGE	RALD				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT			Ado	iress			
Yes	SpAm - WWI		none	(W)	Mrs. Cla	ra]	B. Gr	oman, sar	ne as	#2	abov	e
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INT	ERVAL BE	ETWEEN
PART 1. DEA	TH WAS CAUSED BY:	,	UREMI	17						Z	SET AND	
1420.0	DUE TO				-							
Conditions, if or	ny, which)	1	ONGEST	IUF	FAIL	UP	F			11	MA	NTTH
gove rise to it					1		T	2				
lying couse lost.	(c		RTERIOSE	LE	EOTIC 1	45	4RT	- DISEN	SE	12	0 /	FAR
PART 11. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	ETERMIN	VAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(0)	19. WAS	AUTOPSY
3 REZ	URRENT	PN	EVMONIA									PRMED?
PART 11. OTH PLZ 200. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF		(Enter nature of inj	ury in P	ort I or Pa	rt 11 of item 18.)				
		or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY (Hom	e, form,	20f. (Cit	y or town)		(County)		(State)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of wor	Not while	focto	ry, street, office bld	lg., etc.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.4	(5.5.5)
					2 59	BT o-	i odwo	- 1) ER				
	1		ed from Octob	er z	3 , 19 20, 1	O NO	vembe	r 14, 1958	,that I	last se	aw the	decease
alive on NOY	ember 14	_, 195	O, and that	death o	occurred at 6:					the da		
ACTUAL /	Ha (71	001					itreet, city or town,				ATE SIGNE
ACTUAL	100	Al	reej	М	D. U. S.	Nava	al Ho	spital,	NNMC		11-15	1-50
PHYSICIAN'S NAME (Type)	F. S. CALI	WELL	LT, MC, U	JSN	Bethes	da,	Mary	land				
220. BURIAL, CREMATIO	N. 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	-1	22d. LOCA	TION (City, town,	or county)		(Stot	le)
Burial (Specify)	11-18-58	30	Arlington	Nat	ional			ngton			ginia	
23 EUNERAL DIRECTOR	SIGNATURE	1	ADDRESSBeth			n. REC'D	BY REGIS		STRAR'S SI			
a broganting	v Funeral	Home	TANK			MeV 1	8 '58		1 8. to	rous		

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	atti ilga eta area	os svoji sla	
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	on specific properties		
	THE RESERVE OF THE PARTY OF THE		
Andriv	the last of the same of the last of the same of the sa	elf-accopylity Montres A Montres Archerte, Ma	Termina Termina

the registrar within 72 hours after death. After this in by the funeral director, the third dopy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M*

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TO ATTE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12622

12668-

	Reg. Dist. No			
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery			
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this piece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Rockville 5 Years	26 TOWN Rockville			
HOSPITAL OR INSTITUTION OR	STREET (If rural giva location) ADDRESS			
STREET ADDRESS 813 North Washington	813 North Washington			
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year)			
(Typa or Print) Nellie Gra				
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF MIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
Female White (Specify) Widowed Oct.	8 1881 77 yrs.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan If 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
relirad) House Wife Own Home	Maryland U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Unknown	Frances Evely			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS			
No None	Leoyd W. Gray Same A 2			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
260 X IMMEDIATE CAUSE (A) Coronica	alleron			
ANTECEDENT CAUSE(S) DUE TO	May Williams			
DISEASES OR CONDITIONS, IF ANY, (B) (MILES SCIENCE FLANE) FISHERS				
STATING UNDERLYING CAUSE LAST. DUE TO STATEMENT (C)	Mostletan 15215-			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(Signal)			
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?			
M. et work at work	11			
22. I hereby certify that I attended the deceased from	,,,, 19 5, to 5, M.D. 19 88 ,, that I last saw the deceased			
alive grand and that death occurred a	M, from the causes and on the date stated above.			
SIGNATURE	ADDRESS (Street, kity, topin, state) DATE SIGNED			
23. BURIAK, CREMATION, DATE THEREOF NAME OF CEMETERY OR	THE WALL OF THE CONTRACT OF ST			
ŘEMOVAL (SPECIFY)				
Burial / Nov. 9 Laytonsvi	11e Meth Laytonsville Md.			
DATE MOULD SEO FILE OF HOUR	Providence Laytonsville Ma			

CERTIFICATE OF DEATH

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	ACE VINCENTIAL COLOR	
		Services and the services of t
	THE RELIGIOUS PROPERTY.	
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AND TELL PROPERTY OF THE PROPE		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19000

CERTIFICATE OF DEATH

12669

	16006						Keg, Dist. N	0.
1. PLACE OF DEATH o. COUNTY	IONTGOMERY	м	ARYLAND	2. USUAL RESIDENCE (o. STATE MAR	Where decease	d lived. If institut b. COUNTY		
b. CITY OR TOWN RURAL and give SILVE	(If outside corporate limit nearest town) SPRING	c. LENGTH OF S		56 SII	If outside corpo		RURAL and give n	earest town) •
d. NAME OF HOSP OR INSTITUTION	MAPLE LANE	NURSING HOME	E	d. STREET ADDRESS / 8806 Mar	ncheste	r Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire SAMUEL		ddle SEY	CRIFFITH	4. DATE OF DEATH	NO		9 Year 19 58
MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MA		DATE OF BIRTH 9/4/03		9. AGE (In years last birthday) 55 yrs.	Manths Days	AR IF UNDER 24 HR Haurs Min.
one & Fie.	ON (Give kind of work drking life, even if retired) Mgr.	General Mo				auntry)	U.S	OF WHAT COUNT
3. FATHER'S NAME SAMUEL D	GRIFFITH			14. MOTHER'S MAIDER	NAME INE GLO	CK		
S. WAS DECEASED EV	ER IN U. S. ARMED FORG	16. SOCIAL SECURITY (vice) 192-03-0539	NO. 17. INF	ormant . Sara F.	Griffit		Manchest	er Rd.
Conditions, if gave rise to couse (a), stating lying cause lost	the <u>under-</u> DUE TO		mar	tie/Jea	uxb	risea	al i	jean
CATC		20b. DESCRIBE HOW INJUR					VEN IN PART 1(a)	PERFORMED? YES NO
	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER) RY Manth, Day, Year 19	r 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg.,	arm, 20f. (City	or town)	(Count)	y) (State
21. I certify to alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	JOHN J. C	1256 and fl	hat death o	1. 19/95 to accurred at 6.			and an the d	saw the decea date stated abo DATE SIGN
BURIAL (Specify	P'S SIGNATURE	GRANDVIE	CEMETERY OR CEME		JOHNS	TION (City, town, PE	NNSYLVAN	VIA (State)
23 FUNERAL DIRECTO	POLITICIA &	STLVER	SPRING	MD	INV 2 n '5		Chur S. Kra	

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 **DEUNE** DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 through the detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death. may be retained by the haspital ar attending physician TO FUNE DIRECTOR. After this certificate has been sit page 3 should be detached for use as the hurral transits.

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	and the second			
			E THE PARTY WAS A STATE OF	
, , ,				HANT TO MINES OF
				2000A

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

8		1	26	70
Reg.	Dist.	No.	215	

1.	o. COUNTY Montgomer	v		MAR	YLAND	2. USUAL RESIDI		ere deceased	b. COUNTY MONTGOI		nce befo	re admis	sion)
		f outside corporale limi	its, write	c. LENGTH OF STAY	IN 16			side corpor	ote limits, write f	W	give nec	prest tow	n)
	Bethesda	(Rural)		169 day	S	X Bethes	sda						
		AL (If not in hospital, g	give street	oddress)		d. STREET AD	DRESS						SIDENCE
		al Hospital				3 Pook	s Hi	ll Roa	d - Apt	316			FARM?
3.	NAME OF DECEASED	Fi	rst	Middle	•	lost		4. DATE OF	Mor	nth	Do	у	Yeor
	(Type or print)	Irvi	ing			GRODSTEI	IN	DEATH	Nover	nber	19		19 58
S.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARR	IED 🔲 8	. DATE OF BIRTH			9. AGE (In years lost birthday)				_
1	Male	Caucasian	WIDOW	ED DIVORCE	ED 🗌	1-7-15			43 yrs.	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (Stote o	or foreign co	untry)	12. CI	TIZEN C	F WHAT	COUNTRY?
1	Mariner	king ine, even il teineo		U. S. Navy		N	lew Yo	ork			U.S.	Α.	
13	FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME			-,-,		
K	Samuel GI	RODSTEIN				Mary C	ו הפדיות אי	DMAN					
15	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. IN	FORMANT	23412.12.1	The City	Add	lress			
1 "	Yes	WWII - KO		245-60-54	73	Official	Navy	v Reco	rds				
F	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o). (b), and (c)	.1	<u> </u>	2101	, 21000	200		LINT	ERVAL 8	FTWFFN
		TH WAS CAUSED BY:				with gen	erali	zed me	tastase	S	ONS	1 V	DEATH
	1538	DUE TO		THOMA, CO.	2011,	47 or 90r						T y	L •
П	Condition if												
	Conditions, if o	mmediate											
	couse (o), stoting	the under-)										
z	lying couse lost.	TER SIGNIFICANT CON	()()	COLUMNIA COLUMNIA	A 711 0117 1	LOT BELLTED TO T		0105.105	50115 51011 511				
15	PARI II. OIF	TER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	AIR SUIT	NOT KELATED TO	INE IEKMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	(1 1(0) 1	PERF	DRMED?
15	20a. ACCIDENT WA	C Internation C	201 055	50/05 110/1/ IN 1910/					11 6 24 10 1			YES [X	NO
L CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY (CCORRED	. (Enter nature of	injury in Pi	or! I or Port	II of item 18.j				
MEDICAL	Hour o. m.	Y Month, Day, Ye	or 20d. It While of wor	NJURY OCCURRED Not while k of work	20e. PLA foct	CE OF INJURY (Ho ory, street, office I	ome, form, bldg., etc.)	20f. (City	or town)	(County)		(Stote)
	21. I certify th	at I attended the	deceas	ed fram. June	3	19 58	to Nov	vember	19 19 58	3 that I	last se	w the	deceased
	alive an Nove	ember 19	. 19		death	accurred at 1	:30P	M from	the couses of	and on t	he do	te stat	ed abave
		1)-	1	0 / .					eet, city or town,		110 00		ATE SIGNED
	ACTUAL SIGNATURE	Larri	1	. Arr	Les.	U. S.		al Hos		•			9-58
	SIGNATURE	(17	•	~ ~	1.D			£				
L	PHYSICIAN'S NAME (Type)	L. J. HINE	S, L	CDR, MC, U	SN	Bethe	sda,	Maryl	and				
22	O. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCATI	ON (City. town,	or county)		(Sto	le)
	REMOVAL (Specify) Burial	11-21-58	3	Arlin	gton	National		Arl	ington	1	Virg	inia	
23.	FUNERAL DIRECTOR	S SIGNATURE	142	ADDRESS			24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATU	RE	
14	dams Fune	ral Home, I	1748	Wisc.Ave.,	NW,	Wash.,DO	DATE NO	V 2 1 '5	8 0	rthun !	8 4.		

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VS A1S (4) ISM 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	11

12684 CERTIFICATE OF DEATH

Reg. Dist. No. 12671

1.	o. COUNTY MOI	ntgomery		MAR	LAND	2. USUAL RESIDENCE (W	there deceased la nd	b. COUNTY		pefore admission	1)
	b. CITY OR TOWN (If au RURAL and give neore Bethesd:	al lawn)		9 hours		c. CITY OR TOWN (IF		ote limits, write R	URAL and give	nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION Suburbs	of the second se		lress}		d. STREET ADDRESS	ville	Pike		e. IS RESID ON A FA	
3.	NAME OF DECEASED (Type or print)	Gertru	de	Herbe	rt	Gross	4. DATE OF DEATH	Noven		Doy Yes 22 19	50
	female		WIDOWED 5	DIVORCE	0 0	8. DATE OF BIRTH Aug. 25, 189	18	9. AGE (In years lost birthday) 60 yrs.	IF UNDER 1 Y Months Do	EAR IF UNDER	24 HRS. Min.
100	during most of working	lire, even it retired)	one 10b. KIN	ID OF BUSINESS C	R INDU	TRY 11. BIRTHPLACE (Store Delaws		untry}		OF WHAT CO	DUNTRY?
13.	FATHER'S NAME Frank H	erbert				14. MOTHER'S MAIDEN Anna: Y					
15. (Ye		U. S. ARMED FORCE 1. give wor or dotes of ser	ES? 16. SOC	CIAL SECURITY NO). 17.	ANNA /	4.	Wilh	i A has	5 - De	in old
7	332 X Conditions, if any, gave rise to imm couse (o), stoting the lying cause last.	WAS CAUSED BY: MEDIATE CAUSE (o), DUE TO which adiote under- (b),	Ge Ger	setrol accoling	- the	tombens terebral		incle	ecre Cr	NTERVAL BETWONSET AND DI	J
CERTIFICATION	260 X T	colvill	1 11	ellele	-	NOT RELATED TO THE TERM			EN IN PART 1(c	PERFORM YES -	TOPSY HED?
	OR CONTRIBUTING [CAUSE OF DEATH DICAL EXAMINER)	J. DEJERIO		CCORRE	. (Liner notore of injury in	ron For ron	ii di iiem io.j			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJUI While of work	RY OCCURRED Not while at wark		CE OF INJURY (Home, for tory, street, office bldg., et		ar town)	(Cour	nly)	(Stote)
	21. I certify that alive on	Sources	deceased , 19_57	K	I	occurred at 1		the causes a	nd an the		
	PHYSICIAN'S NAME (Type)				<u></u>	.====					
220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	58 N	MEADOW Y		11 0		ON (City, town, o	or county)	(Stote)	
23	FUNERAL DIRECTOR'S SIN	SNATURE Del 2334	Jef.	ADDRESS	Z.	240. REC	D BY REGISTE	AR 24b. REGIS	TRAR'S SIGNA	PXre	rus

		WINY BE STATE	
THUST WARD ON	ATE OF DEATH		18381
Montroducty			7-10-20-20-01
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		entination of the	State of Technology and Autor 1, 10 and a second
	and superior recorded	West II	

	12009		CERTII	ICAI	LOID	LAII	•		Reg. D	ist. No).	
1. PLACE OF DEATH o. COUNTY Montgome	mu		MARYL		a. STATE	ence (wheel)		b. COUNT	Y		ore admiss	ion) .
b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY IN	v 1b	-			orote limits, write	tgome RURAL and		arest town	1)
RURAL and give nea	erest town)		18 days	4	56 027.							
d. NAME OF HOSPITA OR INSTITUTION			address)		d. STREET AL		pring					FARM?
Montgomery			l Hospital		1360	06 La	vhill	Rd.			YES [NO 3
3. NAME OF DECEASED		rst diana ilin	Middle		Last		4. DATE OF		onth		1	Year
(Type or print)		dith	Bruce		-	aas	DEATH		ovemb			19 5
S. SEX			RIED NEVER MARRIED		DATE OF BIRTH			9. AGE (In years last birthday)	Months		Hours	R 24 HRS Min.
Female	White	WIDOW	1-1		8/14/8	9 4	383	75 yrs				
	N (Give kind af wark ng life, even if retired	dane 10b.		INDUSTRY				country)	12. C		OF WHAT	COUNTR
Homemaker			Own home		1	linoi				USA		14
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
David S	. Morse				Edi	th M.	Smit	h				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFC	RMANT			Ad	dress			
no			none		Hospi	tal R	ecord	S	Olne	y, M	ld.	
18. CAUSE OF DEAT	H [Enter anly one co	ouse per li	ne for (o), (b), and (c).]							INT	ERVAL BE	TWEEN
	H WAS CAUSED BY:	13	······································	1	-li-	. / .	, t.	- /	1	ON	SET AND	DEATH
1/50	IMMEDIATE CAUSE (c		mer age	7/0	ou are	, a	ruce	selen	262	-	2 70	2
400,	O DUE TO											
Canditions, if an												
gave rise to im					r.g EN							
lying couse lost.	one under-	-)								42		
Z PART II. OTHE			CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(a)	19. WAS	AUTOPSY
ATIO										,.,	PERFO	RMED?
20a. ACCIDENT WAS	LINDERLYING T	20h DES	CRIBE HOW INJURY OCC	CIIDDED /	Enter nature of	injury in I	Part Lor Par	et II of item 19 \			1E2 []	ио П
OR CONTRIBUTING	CAUSE OF DEATH	200. 563	CRIBE HOW INJURY OCC	CORRED. (chier nature at	mory in i	ran For Fa	n n ar nem 18.,				
20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED 2	Oe. PLACE	OF INJURY (H	lame, form	, 20f. (Cit	y or town)		(County)		(State
20c. TIME OF INJURY Haur a. m.	19	While at wor	k at while	ractory	y, street, office	blag., etc.	1					
					10.4-17	-	11		· T			
			ed fram fun									
alive an	V	, 19	EF, and that d	death a	ccurred at.					the do		
4071144	0						ADDRESS (S	Street, city or town	, state)		DA	ATE SIGN
SIGNATURE	3 00	-	and	M.D)							
PHYSICIAN'S NAME (Type)	A. D. Boni) Ifant	. M. D.		Sau	ndv_S	pring	. Md.				
220. BURIAL, CREMATION			22c. NAME OF CEMET	ERY OR C		77		TION (City, town,	or county)		(State	0)
REMOVAL (Specify)	11/8/58		FT. LINCOL		METERY	115						
BURIAL 23 ELINERAL DIRECTOR'S	SIGNATURE		ADDRESS		2 672	04- 0564		NCE GEO.				WIND
TRNER E	PUMPHREY	INC.	STLVER SE	PRING	, MD.	DATE N	D BY REGIS		Istrar's s	1 11		
Kaumena	U 2181	Ra				DATE ST	44 "		2			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4" y the funeral director, 2 should be filed with may be retained by the haspital or attending physician.

TO FUNER 1. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3: A be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. VS A1S (4) 1SM 10/S7

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYENDE STATE DEPARTMENT OF HEALTH SHARYON

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12687

12674

CERTIFICATE OF DEATH

	1303				Reg. Dist. No. CL)
1. PLACE OF DEATH a. COUNTY		MARYLAND	a. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
	gomery If outside corporate limits, writ	The second secon	Virgi		
RURAL and give n	earest town)	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RU	RAL and give nearest town)
Bethesda		30 days	Falls	Church	3 x - 3
OR INSTITUTION	TAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS	o. Oak Street	e. IS RESIDENCE ON A FARM?
	val Hospital		02.7 10		YES NO X
3. NAME OF DECEASED (Type or print)	Sadie	Middle Mae	HARVEY	4. DATE Month OF DEATH NOVE	-
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH10-18	8-90 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White WIDO	OWED DIVORCED	10-18-90	last birthday) 68/68 yrs.	Months Days Hours Min.
during most of wor	ON (Give kind of work done 1) king life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Sales		Womens Wear	Kansa	S	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Michael	MC CARTHY		Nora MC	GOUGH	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	\$\$
No		549 16 6781A (D) Mrs. Patri	cia M. Hansen	Same as #2
18. CAUSE OF DEA	ATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	etastatic Carci	w.0me		ONSET AND DEATH
1700		E rapravic Carci	ДОЩА		l year f
110X	DUE TO				
Conditions, if o		arcinoma, Breas	t		
couse (o), stoting					
lying couse lost.	(c)				
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
20g ACCIDENT WA	AS LINIDERIVING TO 20% D	PESCRIBE HOW INJURY OCCURRE	D. (Entre and the of internal in the	1 B 11 -6 'A 10)	YES NO
	AS UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art t or rort II or Hem 18.)	
20c. TIME OF INJUR Hour o. m.	RY Month, Day, Year 20d		ACE OF INJURY (Home, form,		(County) (State)
Hour o.m.	19 Wh	ile Not while to	ctory, street, office bldg., etc.		
			50 37	1 0 50	
		ased from October 4	, 19 50, ta NO	vember 3, 190	,that I last saw the deceased
alive an Nov	ember 3 19	58, and that death	accurred at 9:30	AM, from the causes ar	nd an the date stated above
	11/1/	. 11		ADDRESS (Street, city or town, st	
SIGNATURE	Mul (V/romas	U. S. Na	val Hospital. 1	NNMC. 11-3-58
PHYSICIAN'S NAME (Type) R	OBERT C. THOMA	S LT MC USN	Dothoodo	Monarland	
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY O		, Maryland	
REMOVAL (Specify) Burial	11-7 58	and the same of th		22d. LOCATION (City, town, or	The second secon
	The second secon	Calvary Cemet		Parsons	Kansas
23. FUNERAL DIRECTOR	16000	helmaddress			RAR'S SIGNATURE
P. J. SAFFI	ELL Funeral Ho	me, 475 H. St.,	N. W., Washin	ton, 50. C. aut	Lun S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 10/57

Name of State of State of State of the	STRATE DEVATE OF	DEPART TO THE
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Land County County	Parametrica:	Scien
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Name I also a later to the late	20mil divadendal.	
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e L.S. Novel Lawitest Level. B.A.		
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VS. AISME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12688

12675

Reg. Dist. No.

1. 4	COUNTY MO	ntgomery		MARYE	LAND	2. USUAL RESIDENCE	E (Where dece	ased lived, If institu b. COUNT	Y	ence bef	ore odm	ission)
b	. CITY OR TOWN (If		RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	I (If outside co	rporote limits, write	RURAL one	d give n	eorest to	wn)
		Bethesda		D.O.A.		X German	town(r	ural)				d ⁰
d		al or institution ("DUPDAN	If not in hosp	pital, give street address)	1. STREET ADDRESS 1						
3. 1	NAME OF	Fir	ıt.	Middle		Losi	4. DATE	Month		Doy		feor
(DECEASED Type or print)	Alice		Christine		lawkins	OF DEATH	Nov		10		9 58
5. 5	EX		7. MARRIE	D NEVER MARRIED	3 8.			9. AGE (In years fost birthday)		-		ER 24 HRS.
	r	colorea	WIDOWED	DIVORCED []	Dec.18,	1957	20 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATIOn of working MOI	g life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTR		tole or foreign		12. CITI	U.S		COUNTRY?
13,	FATHER'S NAME	Unknown				14. MOTHER'S MAIDE Martha	n NAME Hawkir	15 _same				
	MAS DECEASED EVE	ER IN U. S. ARMED FO (If yes, give war ar dates of		SOCIAL SECURITY NO.		FORMANT Ladys Hawk	ins(si	Address	ne as	abo	ve.	
	PART I, DEAT	TH [Enler only one country on the country one country one country on the country of the country	20.	or (o), (b), ond (c).) ulmonary ed	ema.					INTER	VAL BETWE	BEN ATH
-	Conditions, if an gove rise to immed (a), stoling the couse fost.	diole couse DUE TO		ilateral con							?	
CERTIFICATION				NTRIBUTING TO DEATH					EN IN PAR			NO [
	200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	NTRIBUTING	b. DESCRIBE	HOW INJURY OCCUR	KED. (En	ter nature of injury in	Part 1 or Part 1	l of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Nonth, Day, Yea	While		e. PLAC factor	E OF INJURY (Home, f y, street, office bldg.,	orm, 20f. (Cil etc.)	y or town)	(Cou	inty)		(State)
	21. I certify th	of I took charge	of the r	emains described	abov	e, held on Auto	psy X, I	nspection]	Inquir	у П.	on	d in my
	opinion deoth	resulted from: 1	Natural c	ouses 🔼, Accid	ent [], Suicide [],	Homicide	Undete	rmined r	nonne	r 🗆	
	ACTUAL SIGNATURE	Franc 9.	Br	orhant		M.D. CHIEF MEDICAL	7000				DATE S	IGNED
	EXAMINER'S NAME (Type)	Frank J.				DEPUTY MEDIC			7. 10/	/ 19	58	
E	REMOVAL (Specify)	1114/20	8	Lincoln I		. 00	Ro	CERVILLE,	Md.		(Stote	•)
13	tinenal disector	1 Su	oreic	le los	lac	le DAVE	EC'D BY REGIS V 1 7 '58		1 8 th		E	
					V	19						

1 1 1 1 Practical Liner Description . . .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12689

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH					. USUAL RESID	ENCE (WI	here deceased			co before	odmission	1)
	Montgomer:	У		MAR	YLAND		CY		b. COUNTY				
	b. CITY OR TOWN (I	f outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If a	outside corpoi	rote limits, write f	URAL ond	give neares	t town)	V
	Bethesda			69 days		Madisor	will	e	5	5 x	_ 3		
	d. NAME OF HOSPIT	MARYLAND (COUNTY) (COTTOR FOWN) (If corbide corporate limit, write current fown) (CONTROLL) (CITY OR FOWN) (If corbide corporate limit, write current fown) (COUNTY) (CITY OR FOWN) (If corbide corporate limit, write current fown) (COUNTY) (CITY OR FOWN) (If corbide corporate limit, write current fown) (COUNTY) (CITY OR FOWN) (If corbide corporate limit, write current fown) (COUNTY) (CITY OR FOWN) (If corbide corporate limit, write current fown) (COUNTY) (COUN											
L		al Center,	Bet	hesda 14.	Md.	204 Sou	ith F	rankli	in Street				
3.	NAME OF DECEASED	MARTHAND OTTES TOWN (if outside corporate limits, write controlled and the composet limits, write controlled and the composet limits, write controlled and the composet lown) with a composet limits, write controlled and the composet lown) with a composet lown of the composet limits, write controlled and the composet limits, write controlled and the composet limits, write controlled and the c		or									
	(Type or print)	Ruby		Corde	lia	Hawki	ins		Nor	rember	23	. 19	58
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARK	RIED B.	DATE OF BIRTH			9. AGE (In years				
	Female	White	WIDOWI	DIVORC	ED 🗍	Vav 29.	1898	3		Months	Doys H	lours	Min.
10	. USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign co		12. CIT	IZEN OF V	WHAT CO	OUNTRY
	during most of work	ing life, even it refired)											
13.	FATHER'S NAME	71		Honzeveehi				VAME		0.	. D. F	1.0	
	Consul Mos	nde Canlas			100								
15			FS2 14	SOCIAL SECURITY NO	0 17 INF				2 44				
(Y	es, no. or unknown)							lical h	lecord ^	ress			
	No		140	- top	00 02	e Clinic	al C	enter,	Betheso	la 14,	Mary	rland	d
		TH WAS CAUSED BY:	ise per lir	ne for (o), (b), and (c	1.] ~~~~	2011	the-	Thus	ridal	and			
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	Conditions, if or	iv which)	lin	Un love	mo il	rocher	K of	stow	ctim			*	
	gove rise to in	nmediote (- 00		1130	10000	- 00	700	<u> </u>		-		
		ne under-											
z		, (c).	ITIONS C	ONTRIBUTING TO D	FATH BUT NO	OT PELATED TO	THE TERM	INIAI DICEACE	COMPITION CO	(EN LINE DA OT	1 10 1	MAC ALL	TORCY
CATIC					<u>LATTI</u> BOT TA	or Related to	ITIE TERMI	INAL DISCASE	. CONDITION GIV	EN IN PAKI	F	PERFORM	ED?
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY (OCCURRED.	Enter nature of	injury in I	Port I or Part	II of item 18.)				
MEDICAL			While	_ Not while	20e. PLACI foctor	OF INJURY (Hey, street, office i	ome, form bldg., etc.	20f. (City	or town)	(C	County)		(Stote)
	21. I certify the	at I attended the	decease	ed from Septe	mber]	15 19 58	to N	ovembe	r 2310 58	that I I	art raw	the de	
	alive an NOT	member 23	105			courred at	· ho s	D 44 6			usi suw	me de	cease
	/		_, '/	A THE	a dealli d	ccorred dige.					ie date		
	ACTUAL	Idene	A K	1. 1000	4.1	The Cl				siorej	77	/21./	ZO NEC
	SIGNATURE	1	4 ,	1.100-	7					of Ho	07+6	124/	20
	PHYSICIAN'S NAME (Type)	// A	Dogo	M D				1		or ne	al VII		
220					AETERY OR C		2000						
Bi	PEMONAL (Specify)		58	and the or cen	HETERT OR C	ACMAIORI					ntuc		
-				ADDRESS			24- 05/1					2-5	
			-Be		d.				1			A	
							DATE			1 1	a' LAMM		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 2 should be filed with may be retained by the hospital or attending physicion.

TO FUNER A PIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 s d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offen death. VS A15 (4) 1SM 10/57

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12690

CERTIFICATE OF DEATH

12677 Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESI		nere deceased	lived. If instituti		ice before	e admiss	sion)
RURAL ond give		ts, write	c. LENGTH OF STAY	IN 16			outside corpor	ote limits, write R	URAL ond	give neo	rest fowr	1)
OR INSTITUTION	PITAL (If not in hospital, c	give street	41 days		d. STREET A	DDRESS	d Road			•	ON A	IDENCE FARM?
3. NAME OF DECEASED	Fic	st	Middle		Los		4. DATE	Mor	ith	Day		Yeor
(Type or print)	Edwar	-	Everett		HAZLETT	JR.	DEATH	Nove	ember	2		1958
5. SEX Male	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCE		DATE OF BIRT			9. AGE (In years lost birthdoy)	Months	1 YEAR Doys	Hours	R 24 HRS Min.
	TION (Give kind of work						or foreign co		12 CIT	IZENI OI	LAZILIA T	COUNTRY
Mariner Mariner	orking life, even if retired)	U.S.Navy	JK 1112031			sas	J		S.A.		COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Edward E	verett HAZLI	TT			Alice	Eliz	abeth	MOTT				
15. WAS DECEASEDE	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INI	ORMANT			Add	ress			
Yes	WWI - WWII			(W)	Mrs. E	112.	Hazlet	t, same	88 #	abo	we	
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO)	CONTRIBUTING TO BE	NOV!	ng, c	THE YERMI	MAI BISE ASE	CONDITION CO	ZEN IN DAD	1//	yr	AUTORCY
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING ON COURT OF DEATH FY MEDICAL EXAMINER)	osc	CRIBE HOW INJURY O	H	earl	NA	seas	20 -	YEN IN PAR	1 1(6) 17	PERFO	RMED?
20c. TIME OF INJU Hour o. m p. m	1.	20d. II While at wor	NJURY OCCURRED Not while	20e. PLAC facto	E OF INJURY (ory, street, office	Home, form bldg., etc.	20f. (City	or town)	(0	County)		(Stote)
actual signature	that I attended the ovember 1	ih.	and so	death of	occurred at	7:35A	M, from ADDRESS (Sir al Hos	2, 19 58 the causes of the cause of the	and an th		e state	
	ION, 226. DATE THEREC		22c. NAME OF CEM	ETERY OR			22d. LOCAT	ION (City, town, o		irgi	(Stote	
23. FUNERAL PIRICIO	PES SEMATURELLAN	Iomo	ADDRESS B				D BY REGISTE	RAR 24b. REGI		GNATURI		

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opinion Virginia	retromments in all altred		Gg-j-le Zalkie .ann angene governa kon

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

		12631 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
M)	1. (LACE OF DEATH . COUNTY MONTG MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUN	
		CITY OR TOWN (If outside corporate limits, write RURAL and give regress 19 yrs 35 yrs	c. CITY OR TOWN (If outside corporate limits, write a limits,	te RURAL and give nearest town) 4"
00		I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	/d. STREET ADDRESS 1-Montgomery Ave	e. IS RESIDENCE ON A FARMAY YES NO TO
		IAME OF First Middle (SECEASED Type or print) Millard Edward		Worth 26 Year 58
		ale White WIDOWED DIVORCED		ors IF UNDER 1 YEAR IF UNDER 24 HRS. y) Wenths Days Hours Min.
-	100	USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) Farming	Frederick Co.Md.	US A
I	13.	Edward L. Heim	14. MOTHER'S MAIDEN NAME Malinda S. Kemp	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP		Address CVILLO •Md,
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO	Pailure	INTERVAL BETWEEN ONSET AND DEATH 24 January
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. jr. P. m. 19 ol work at work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, affice bldg., etc.)	(County) (State)
		ACTUAL AS B	occurred at 10 152M, from the cause ADDRESS (Street, city or to	s and on the date stated above
1		PHYSICIAN'S F. J. BLOSCHELT NAME (Type) F. J. BLOSCHELT		nd
	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL HOTEL 11-98-58 22c. NAME OF CEMETERY OF REMOVAL HOTEL 11-98-58	R CREMATORY 22d. LOCATION (City, tow Gaithers by	
0	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, RI	EGISTRAR'S SIGNATURE

Gaithersburg. Md.

county) (Stale) Md. 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE EC arthur S. Thous

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by the funeral directly should be filed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Po may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. A doctored far use as the burial-transit permit. Then please remave carban papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

Alik!	MARYLAND S	STATE DEPARTMENT OF
The state of the s	12692	CERTIFICATE OF
1. PLACE OF D	DEATH	2. USUAL RES

12679

HEALTH-BALTIMORE, 18 DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MO	NTGOMERY		MARYL		CTATE			lived. If institut b. COUNTY	MONTGO	before od MERY	mission)
RURAL and give no	eorest town)	s, write			and the same of				RURAL and give	e nearest 1	own) - , 🚊
d. NAME OF HOSPIT OR INSTITUTION	D. CHINT MONTGOMERY MARYLAND D. CHY OR TOWN, If outlide corporate limits, write 2. LENGTH OF STAY IN 16 25 YEARS SILVER SPRING D. CHY OR TOWN, Iff outlide corporate limits, write RUBAL and give necessal form) SILVER SPRING D. CHY OR TOWN, Iff outlide corporate limits, write RUBAL and give necessal form) D. SILVER SPRING D. CHARLES AVENUE 10,213 GEORGIA AVE										
3. NAME OF DECEASED (Type or print)				HEI			OF				
5. SEX male	White			0 /				last birthday)			
10a. USUAL OCCUPATION during most of work Proprietor	ON (Give kind af work d king life, even if retired)										AT COUNTRY
13. FATHER'S NAME CHARLES H	EITMULLER			1				ILLER			15 (4)
NO 18. CAUSE OF DEA	(If yes, give war or dates of sec	(vice)	ONE	17. INFO	RMANT Minna	E. Hei	tmull	er, 10,3	er Spri	ng .)	BETWEEN
Conditions, if o gove rise to i cause (o), slating	DUE TO mmediate (b)	Pe	arter	is so	cles eios	tic Les	Head	es with	Sears.	1	(uces
PART II. OTH	HER SIGNIFICANT COND	TIONS CO	collete	H BUT NO	nelated to	THE TERMIN	AL DISEASE	doNDITION GI	VEN IN PART I	PE	RFORMED?
	CAUSE OF DEATH	20b. DESCR	BIBE HOW INJURY OC	CURRED. (E	nter nature of	injury in Po	rt I or Parl	11 of item 18.)			
Hour o.m.		While	_ Nat while _	0e. PLACE factory	OF INJURY IH , street, office	lome, farm, bldg., etc.)	20f. (City	or town)	(Cou	nty)	(Stole)
alive on/_	nat I attended the	deceased _, 19		/5) leath ac		12/2A		the causes	and an the		ated abave
PHYSICIAN'S NAME (Type)				M.D.	Ei	lus	Sp	X	hud		19/58
		1				2				(5	State)
ARNER E PI	S SIGNATURE UMPHREY, IN	C. 2	SILVER SPR	ING,	MD.	240. REC'D	BY REGISTI		STRAR'S SIGN	,	

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12680

Ĺ	E OF	DEATH	R	eg. Dist	. No.
.	USUAL RI o. STATE	ESIDENCE (Where deceased a ryland	If institution: COUNTY	Residence	before admission

2. USUAL RESIDENCE (Who	ere decease	d lived. If institution b. COUNTY	on: Reside		ore admiss	ion)
c. CITY OR TOWN (If or	·	rate limits, write R	URAL and	give ne	arest town)
d STREET ADDRESS	Rura	1			e. IS RES ON A YES	FARMZ
list Historians	4. DATE OF DEATH	Mon	th	De		Year
B. DATE OF BIRTH	gna	9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR	IF UNDE Hours	
STRY 11. BIRTHPLACE (Stole of		L. L.	12. CI		OF WHAT	COUNTRY?
14. MOTHER'S MAIDEN N	-				J . 13	
NFORMANT	jins	. Gaith		יוגטנ	. R	ural
orcerles 6	eci	dent			ERVAL BE	
ed arter	ناء دا	leios	i.	e e	000	js.
NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFO YES	AUTOPSY RMED? NO
D. (Enter nature of injury in P	ort I ar Par	t II of item 18.)				1
ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City	or town)		(County)		(Stote)
occurred at 6,25	PM. from	17, 1951 n the causes o				deceased ed above
		treet, city or town,				TE SIGNED
809 V	iers	Mill Ro	l.;	Roc.	kvil	1é

Bowditch Hunter, NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, REMOVAL (Specify) -21-58 Parklayn

22d. LOCATION (City, town, or county) (State)

23. FUNERAL DIRECTOR'S SIGNATURE Gartner.

PHYSICIAN'S

ADDRESS Gaithersburg.

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

TO HOSPITAL

	Mark St.	HTARG TO 31	CERTIFICA	CRD	
					STATE OF SALE
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	4-14-12-14-15-1-14-1				THE MALE HOLDING MARINE

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12681

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Maryland Maryland	o. STATE med b. COUNTY monto
b. CITY OR TOWN III outside corpo ale timits, write RUFAL . C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Catin John life	x Calin Julian
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS WORLL O. IS RESIDENCE ON A FARM?
10500 me Harthur Blood, (want 14 DC)	10500 M. Harthur Block. De YES NO
3. NAME OF DECEASED (Type or print)	HOSTE Month Day Year OF DEATH HOL 24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED 2 NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF LINDER 24 HRS
male Winto WIDOWED DIVORCED	12-7-86 72 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTR	100
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 11'00	Q- A In A-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN	FORMANT Address
[Yes, no, or unknown] (Il yes, give wor or dates of service)	J' 1/10/1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
No Yes-Unknown /S	ose till (unfe) Then 2
PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
97/ IMMEDIATE CAUSE (0) Coldemnal	Men. or Trage sudden
DUE TO	
Ganditians, if any, which (b) Short gum Woo	ust an upper abelone
(a), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	oter nature of injury in Part 1 or Part 11 of item 18.)
	at you would
	E OF INJURY (Hame, form, 120f. (City or town) (County) (State)
Hour Mile Not while Some I - 2 4 19 5 8 at work at work	none Cabi Dol muito me
21. I certify that I took charge of the remains described above	a hald an Automic District Dis
apinion death resulted from: Natural causes, Accident	
SIGNATURE THEMAS 9. Bross hand	M D CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FANK J. Bhoschar	+ DEPUTY MEDICAL EXAMINER D 1/- 24-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	
Burial 11/28/58 Potomac Chu	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mar	yland DATE ON 2 8 158 arthur S. Frank

ENT OF HEALTH - BANDING TO THE		A OR THE PERSON
S CERTIFICATE OF DEATH Y	MEDICASIEXAMINEE	
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	al and make it	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be carried to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retreed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5% Board of Health, at its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death. 4 shauld TO FUNER

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12682

	Keg, D	151, 140.
1. PLACE OF DEATH o. COUNTY Montgomery MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY Mon	ence before odmission)
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give neorest fown) ROCKVILLE Life	r IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL on Rockville	d give necrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address (rural) R-2	(rural) R-2	e. IS RESIDENCE ON A FARM? YES NOTE
NAME OF First Middle (Type or print) Ella Blanche Hill	Lost 4. DAYE Month OF DEATH NOV. 30, 19	Day Year 958 19
5. SEX 6. COLOR OR RACE 7. MARRIED ☐ NEVER MARRIE GOL. WIDOWED ₺ DIVORCED	A /3 E /3 COO lost burthday) Months	TYEAR IF UNDER 24 HRS. Doys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during ment of working life even if retired)	100	IZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Wilson	14. MOTHER'S MAIDEN NAME Eliza Dove	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or doles of service]	D. 17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: BART I. DEATH WAS CAUSED BY: Cerebral Vascu BUE TO	alar Accident	INTERVAL BETWEEN ONE ON O DATH OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER O
Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse lost. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT Previous C.V.A. about 7 mo. a 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUR	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K
	JRRED. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 Hour o. m. p. m. 19 While Not work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (Coty or town) (Co	unty) (Stote)
21. I certify that I took charge of the remains described opinion deoth resulted from: Natural causes A. Accidentation of the supplies of the remains described opinion deoth resulted from: Natural Causes Accidentation of the remains described opinion deoth resulted from: Natural Causes Accidentation of the remains described opinion deoth resulted from: Natural Causes Accidentation of the remains described opinion deoth resulted from: Natural Causes Accidentation opinion opinion deoth resulted from: Natural Causes Accidentation opinion o	ed above, held an Autopsy, Inspection, Inquition to, Inquition, Inquition, Indicate, Undetermined to, Undetermined to, Inquition, Inspection, Inquition, Inspection, Inquition, Inquition	DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER 🔀	,
	rery or crematory 22d. LOCATION (City, town, or county) Park, Rockville, Md.	(Stote)
23. ANNERAL DIRECTOR'S SIGNATURE ROCKVILLE, I	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

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director, Page death. funeral by the . d 2 should within 24 hours after carbon papers. executed ofter death and physician attending please requires that the þ as the burial-transit remaval. detached for use OR O HOSPITAL TO FUNER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIF 12696

ICATE OF DEATH	1	Reg. Dist. No	-	683
	ere deceased lived. If institution b. COUNTY)	Mont g	ome r	y)
1 1b c. CITY OR TOWN III o	and outside corporate limits, write RUR	AL and give ne	arest town)
d. STREET ADDRESS	sda		e. IS RESI	DENCE
	Forest Lane		ON A	FARM?
Hoffman	4. DATE Month OF DEATH	2-('	ear 958
8. DATE OF BIRTH 9/12-/187		Months Days	Hours Hours	R 24 HRS. Min.
INDUSTRY 11. BIRTHPLACE (State		12. CITIZEN C	1000	COUNTRY?
14. MOTHER'S MAIDEN N	IAME	<u> </u>	SA	
Unkno	Addres	3		10
Mr. Clyford	-Battles 7	ettrad		nd.
- Ilmourh	osis		ERVAL BET	
arteriasel	enseis &			
nie Cardio	vux cul me disc	4.0		
H BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a)	PERFO	NO K
URRED. (Enter noture of injury in f	Part I ar Port II of item 18.)			
De. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	20f. (City or tawn)	(County)		(State)
, 19.58, to_//		that I last so		
eath occurred at 5130 F	E.M., from the causes and ADDRESS (Street, city or town, sto			d above.
M.D. (LSOCA	ase:		120	158
March.	6, D, C.			
RY OR CREMATORY	22d. LOCATION (City, tawn, ar	7	(State	*)
n Cemetery	Barberton.	Ohio		

1. PLACE OF DEATH a. COUNTY MARYLA b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN RURAL and give nearest town? d. NAME OF HOSPITAL (If not in haspital, give street oddress)
OR INSTITUTION NAME OF DECEASED Figst Middle (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED M DIVORCED 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Housefife Home 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCC MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a, m. Not while at wark at work 21. I certify that I attended the deceased from ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22c. NAME OF CEMET REMOVAL (Specify)
Bur-Transi Greenbaw 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Pumphrey Bethesda, Maryland DATE NOV 2

VS A15 (4) 15M 9/55

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	
be retained by the haspital or attending physician.	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.	•
3. Id be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 2 shauld be filled with	
ourial, cremation, or remayal, and in any event within 72 hours after death.	

TO FUN	
VS A15 (4) 1SM 9/55	B

	120:11			AIL OI DEF	4111		Reg. Dist. No	D.
1. PLACE OF DEATH o. COUNTY	Montg,		MARYLAND	2. USUAL RESIDENCE o. STATE		d lived. If institution b. COUNTY	on: Residence bef	ore admission)
RURAL and give ne	foutside corporate limits, wr arest town) rerSpring • Ri		OF STAY IN 16		(If outside corpo	prote limits, write R	URAL ond give no	earest town)
	AL (If not in hospital, give st			d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Linwo	od	Middle	Howard	4. DATE OF DEATH	Mon Nov	th D	Day Year th 1958
s. sex	6. COLOR OR RACE 7. A		MARRIED DIVORCED	8. DATE OF SIRTH July 4-18	374	9. AGE (In years lost birthdoy)	Months -Days	Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done ing life, even if retired) Farmer	10b. KIND OF 8US		onte		country)	12. CITIZEN	OF WHAT COUNT
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
Don.	Lel F. Foula	re		Wary :	Frances	Thomps	on	
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECU	RITY NO. 17. I	Donald (C. Hows	Add rd. Gal	thersb	ure.d.
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20c. TIME OF INJUR Hour o. jr. p. m.	. w	od. INJURY OCCUI /hile Not whi work ot work	le fo	ACE OF INJURY (Home, street, office bldg	, farm, 20f. (Cit i., etc.)	y or town)	(County	r) (State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	HENRY L	N. STO	of CEMETERY O	D. 100	ADDRESS (S	m the causes of the cause o	stote)	
23. FUNERAL DIRECTOR	1 11-18-58 S SIGNATURE	ADDRES	est Del		REC'D BY REGIS	Than Sab PEGU	STRAR'S SIGNATI	IDE
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	126!	18	CERT	IFIC.	ATE OF DE	ATH			Reg. Dis	st. No. 2	15
1. PLACE OF DEATH o. COUNTY Montgomer	У		MAR	YLAND	2. USUAL RESIDENCE O. STATE West Vir			. If institution to the second	on: Residen		
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOW	'N (If outside o	orporote li			give nearest	town)
Bethesda	(Rural)		46 days		Cameron			85	5 x - 3	3	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)		d. STREET ADDR	ESS				e. 15	RESIDENCE
	al Hospital				19 Flemi	ng Ave					S NO K
3. NAME OF DECEASED (Type or print)	Fii Walte		Middle Elber		Lost HOWARD	4. DA	TE	Nove		Doy 30	Yeor 19 5 8
5. SEX			HEDE NEVER MARR		B. DATE OF BIRTH		9. AG	E (In years			JNDER 24 HRS.
Male	Caucasian	WIDOW			3-6-99		los	birthdoy)	Months	Days Ho	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or forei	gn country)		12. CIT	IZEN OF W	HAT COUNTRY
ouring most of wo	rking life, even if retired C Service	1)	.S. State			t Virgi			II	S.A.	
13. FATHER'S NAME		10	0.0000	Dopo	14. MOTHER'S MAI					U	
George HC	WARD				Sarah D	AYTON					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	NFORMANT			Addr	ess		
(Yes, no. or unknown) Yes	(If yes, give war or dates of s		35-24-8436	(W) Mrs. Mar	v Onal	Howar	rd. sa	me as	#2 al	bove
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ICATI									EN IN PAKI	PE	ERFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of inju	ury in Port 1 or	Port II of i	item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While	Not while of work	20e. PL	ACE OF INJURY (Home ctory, street, office bld	g., etc.)				County)	(Stote)
21. I certify t	hat I attended the	deceas	ed fram Octob	er l	5 , 19 58 , to	Novemb	er 30	158	that LI	ast saw t	the deceases
alive an Nov	ember 30	. 19			accurred at 6:	30P M.	ram the	couses o	nd an th	ne date s	tated abave
	0 6	1-	1 - 1	1				ity or town, s		ic duic 3	DATE SIGNED
ACTUAL	C. Kl.	6	Much		M.D. U. S. 1	Naval H	lospit	al. M	NMC	1:	2-1-58
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PHYSICIAN'S NAME (Type)	R. G. MUTH.	LT.	MC. USN		Bethese	da 14,	Maryl	and			
220. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEM	NETERY O				City, town, o	county)		(Stote)
REMOVAL (Specify	12-3-58				Memorial (
23. FUNTERAL DIRECTOR			ADDRESS	-115		REC'D BY RE		eeling		W. VE	1.
II.N. I www.	brey Funera	1 How	ne, Betheso	do 1			'58		hun 8.		
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		Date of Land	February Service	

	126	ונו	CERTIFIC	ATE OF DEA	AIII		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYLAND	2. USUAL RESIDENCE O. STATE ME	E (Where decease aryland			before odmissi gomery	
b. CITY OR TOWN (IF RURAL and give nec	autside carporate limi	ts, write c. LE	NGTH OF STAY IN 16			prote limits, write R			
d. NAME OF HOSPITA		give street oddres	is)	d. STREET ADDRE	ESS	tree Ro	ad, De	e. IS RESI	DENCE FARM?
					4. DATE	ee Road			№ 🔣
3. NAME OF DECEASED (Type or print)	ROBER		ROY	HUGHES	OF DEATH		8,	1	958
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	Aug. 5,]	1888	9. AGE (In years last birthdoy) yrs.		YEAR IF UNDE	Min.
00. USUAL OCCUPATION Retired worki	N (Give kind of work ng life, even if retired	done 10b. KIND	OF BUSINESS OR IND		(Stole or foreign			I. S.	COUNTR
3. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME				
Charles	Hughes			Laura V					
S. WAS DECEASED EVER	IN U. S. ARMED FOR	arviral .		Robert L.	Hughes		ress Same	e as I	tem
Conditions, if on gove rise to in couse (o), stoling t lying couse lost. PART II. OTH	he under. DUE TO	O CAL	EMINATE RCINOMA	9 OF THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART	PERFO	NUTOPSY RMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	NO N		RED. (Enter noture of inju	ury in Part I or Pa	ert II of item 1B.)			
\$ 20c. TIME OF INJURY									
Y 20c. TIME OF INJURY Hour a. m. p. m.	NONE 19	While	OCCURRED 20e. I	PLACE OF INJURY (Home octory, street, office bld	e, farm, 20f. (Ci g., etc.)	ly ar town)	(Co	ounty)	(Stote)
21. I certify the alive an Nova	NONE 19 at I attended the EMBER WARD S OWARD	While of work 19 58	Not while of work of OCTOBE	th occurred at 3: M.D. Sur	ADDRESS (TE 400) ETHES 22d. LOC	BER 81950 m the causes of Street, city or town,	S, that I la and an the stote) WISCO MARY or county)	ist saw the	deceased above

by the funeral directar. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler by the funeral director. page 3 cid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 you should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/S5

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Application to the part of the contract of the				

CERTIFICATE OF DEATH

Reg. Dist. No.

4_			Keg. Dist. No.
	o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. o. STATE b	. COUNTY
-	Montgomery		Montgomery
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b PURAL and give-nearest town)	PR 44 A	its, write RURAL and give nearest town)
	Betnesda	X Bethesda	
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS	IS RESIDENCE
	4905 Battery Lane	4905 Battery Lane	ON A FARM? YES NO NO
3.	NAME OF First Middle		Month Day Yeor
L		IINSON OF DEATH NO	vember 29, 1958
		DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min.
IV	White WIDOWED DIVORCED J	June 8, 1878 80	yrs. 5 21 Hours Min.
100	IO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
I	Ret. Pat. Attv. Own business	Washington, D. C.	US
13.		14. MOTHER'S MAIDEN NAME	
	James E. Hutchinson, Sr.	Harriett Randall	
15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT	Address
["]	No It yes, give wor or dotal of service) None M:	rs. J. E. Hutchins	son-same as #2 wife
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	- D	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Con le de Calaba	2) Lear.	medule
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	Conditions if any which)	Loudine 4 th 4 7	esthert 6 Dros
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	lying saves last	affalure	2 yrs
Z	1 - 1 - 1 - 1	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PIE			YES NO NO
15.	200 ACCIDENT WAS INDEPLYING TI 206 DESCRIPE MOW INVITED OCCURRED	(Enter nature of injury in Part I or Part II of it	7_
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
14	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY [Hame, form, 20f. (City or tow	n) (County) (State)
ED	Hour o. m. While Not while factor	ary, street, office bldg., etc.)	
3		20= 11/10	27
			., 1955 Sthat I last saw the deceased
	alive an 19 and that death of	0 /	
		ADDRESS (Stroot, ci	y or town, stote) DATE SIGNED
	SIGNATURE December X. Communication M.	0. 0 601 1/2	odly Tt. 1.08
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	NAME (Type) Lmme H & .Co,	nex	offerst . C.
22	PO. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (C	ity, town, or county) (State)
	Burial 12/2/58 Congression	nal Cemet. Washir	ngton. D. C.
23.			24b. REGISTRAR'S SIGNATURE
1	Robert A. Pumphrey Bethesda Mary	vland MFC 3'58	arthur S. Thous
	5. IN TO THE TOTAL TO THE TOTAL TOTA	December of the service of the servi	MARYLAND Montgomery Belfresda C. CITY OR TOWN Iff outlide corporate limit, write Belfresda A. NAME OF HOSPITAL III for in hospitol, give street address) 4905 Battery Lane 3. NAME OF DECASED (Type or print) JAMES First B. Middle B. Date of Birth White Whowed DEVORCED DIVORCED DIVORCED DIVORCED DIVORCED June 8, 1878 80 100. USUAL OCCUPATION (Give kind of wark dene) during most of working life, even if retired) Ret. Pat. Atty. 13. FATHER'S NAME James E. Hutchinson, Sr. 15. WAS DECEASEDERER IN U. S. ASMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE AUSE (c) DUE TO CONGITION, III only which gove rise to mismediate couse (o), to lining the under of the couse (o), to lining the under of couse (o), to lining the under of the couse (o), to lining the under of couse (o), to lining the under

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

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12701 **CERTIFICATE OF DEATH** director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH a. COUNTY be filed b. COUNTY MARYLAND Funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR/TOWN (If autside carpératé limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RULAL and give neares lown) P d. NAME OF HOSPITAL (If not in Nospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle Lost DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years isthday) DIVORCED AVIDOWED 1 papers. 10a. USUAL OCCUPATION (Give kind of work done TUD. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 00 of Fi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <u>a</u> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO E. Canditians, if any, which gned gave rise to immediate DUE TO casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Hour a. m. While Not while at work at wark 21. I certify that I attended the deceased from OCI. alive an 1/06 and that death accurred at 6 YOM, from the couses and on the date stoted above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) moy be FUNER poge 3 s the regis 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4)

1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12688

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEM OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO

(County)

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DATE NOV

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-(State)

(State)

YES NO

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1.	PLACE OF DEATH o. COUNTY	MONTGOME	₹¥	MARYLA	11	USUAL RESIDEN	ICE (Where de ARYLANI		I. If institution b. COUNTY			ore odmiss GOMER	
	b. CITY OR TOWN (III RURAL and give no	outside corporate limi orest town) RSPRING	s, write	c. LENGTH OF STAY IN	16 5	c. CITY OR TOV	VN (If outside ILVER S		_	URAL and	give ne	arest tawn)
	d. NAME OF HOSPIT	AL (If not in hospital, g 605 Sligo				d. STREET ADD 605	RESS Sligo A	venue					FARM?
3.	NAME OF DECEASED (Type or print)	Jaco	Ь	Middle	Ts	e (I	4. D.	ATE F ATH	NOV	th EMBER	0	l	rear 19 58
	ALE	6. COLOR OR RACE WHITE	7. MARR	ED DIVORCED	711	ATE OF BIRTH		9. AC	GE (In years at birthday) 67 yrs.	Months Months		Hours	R 24 HRS. Min.
10	during most of work	N (Give kind of work of ing life, even if retired	lane 10b. RE	KIND OF BUSINESS OR	INDUSTRY		E (State or fore	ign country)		I.S.		COUNTRY
13	U NKNOWN				14	UNKNOW		CHTE	R				
	Yes, no. or unknown) NO	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	7-01-8799	Mrs.	Marie Marie	R. Ise			go Av			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1-	rebral Rish		rorrham.		C	lver	Sprii	NO	SET AND	DEATH
	Canditions, if as gave rise to in cause (a), stating (lying cause last.	nmediate (rterial eneraliz	-d	ype, Art	erio	201	eros	218	Un	dele	rm i
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO TH	IE TERMINAL D	ISEASE CON	NDITION GIV	EN IN PA	RT 1(o)	PERFO	NO Z
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of in	ijury in Part I c	or Part II of	item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Manth, Day, Yes	20d. It While at war	Not while		Of INJURY (Hor , street, office bl		. (City or to	wn}		(County)		(State)
	21. I certify the alive an ACTUAL SIGNATURE	at I attended the	deceas	-200	leath oc	, 1954, curred at 19		fram the	causes of city or lawn,	and an	the do	ate state	ed abave
	PHYSICIAN'S NAME (Type)	seorge	1	Ball		Silv	er Sq	SIL	5 h	nd			
22	20. BURIAL, CREMATIO REMOVAL (Specify) CREAMTION		F	22c. NAME OF CEMETE					(City, town, GEORGE			(State	
23	3. ETHERY! DIRECTOR.		INC.	ADDRESS SILVER SP	RING		la. REC'D BY F	EGISTRAR	24b. REGIS	STRAR'S S	IGNATU	RE	

by the funeral director, c.2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be zetained by the hospital or attending physician.

TO FUNR (L DIRECTOR: After this certificate has been signed by the attending physician and completely fille, page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12609

CERTIFICATE OF DEATH

12690

			Rog. Dist. 10	0.		
1. PLACE OF DEATH O. COUNTY O. OM TOMERY	MARYLAND 2. USUAL RESH	DENCE (Where deceased lived. 1 b. (f institution: Residence be COUNTY floring	fore admission)		
b. CITY OR TOWN (If outside corporate limits, wafte RURAL and give nearest town) TAKOMA PARK 12		OWN (If outside corporate limits	M	earest town D		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTOW SAN 9 HO	d. STREET A		MILL RD	ON A FARM? YES NO X		
3. NAME OF First DECEASED (Type or print) ANNA	Middle Los AMELIA JAG	4. DATE OF DEATH	Month (Day Year 70 1958		
S. SEX 6. COLOR OR RACE 7. MARRIED □ NEV WIDOWED 🖼	VER MARRIED B. DATE OF BIRTI	lost bi	In years rithday) Months Days yrs.	Hours Min.		
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIRTHPL	ACE (State or foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
13. FATHER'S NAME MR. MORGLE		MAIDEN NAME &	art non	known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or ymhnown) (If yes, give wor or dates of service)	CURITY NO. 17. INFORMANT	NGTON SAN 9	Address 1468P.	RECORDS		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost.	catrice drive	failure	lo o	ITERVAL BETWEEN NSET AND DEATH 2		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEA	while foctory, street, office	Home, farm, 20f. (City or town)	(Count	y) (Stote)		
21. I certify that I attended the deceased from frequency of the state of the deceased alive an 11-10, 1958, and that death accurred at 1-10M, from the causes and on the date stated abave. ADDRESS (Street, city or town, stole) DATE SIGNATURE M.D.) 600 Control						
PHYSICIAN'S A.E. TITYNE						
REMOVAL (Specify)	ME OF CEMETERY OR CREMATORY Lincoln	22d. LOCATION (City Prince G	y, town, or county) George Coun	(Stote) ity, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE ADDR ROBert A Pumphrey-Bethes	RESS		46. REGISTRAR'S SIGNAT	URE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, may "stained by the hospital ar attending physician.

O FU. "COIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 and be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the registrar prior to burial, crematian, ar remayal, and in any event within 2 haurs after death. TO FU. VS A15 (4) 15M 9/55

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Beargn County, Mid.	Frince	niconii I in	11 Inches
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12610

CERTIFICATE OF DEATH

12691

				Reg. Dist.	140.
1. PLACE OF DEATH O. COUNTY		. STATE	re deceased lived. If institution b. COUNT		befare admission)
Mant groner y		. P.A. a.P.C.F			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	of STAY IN 16 C	vi 1	tside carporate limits, write	RURAL and giv	e negrest fawn)
d. NAME OF HOSPITAL (If not in haspitol, give street oddress)	4	J. STREET ADDRESS	771		e. IS RESIDENCE
Washington Sany Hospital		35 W.	2 my StRE	ET	ON A FARM? YES NO 🖫
3. NAME OF First	Middle	Lost	4. DATE M	onth	Day Yeor
DECEASED (Type or print) VIR911 C/	AIRE.	Tenkins	OF	1	15 1958
5. SEX 6. COLOR OF RACE 7. MARRIED NEVEL	R MARRIED B. DA	TE OF BIRTH	9. AGE (In year lost birthday		YEAR IF UNDER 24 HRS.
MAle White WIDOWED	DIVORCED /	1/17/19	38 yr		bys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZI	EN OF WHAT COUNTRY
Mechanic- 1		Wyomi	par	1/1	nerican
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME		
Asthus Jenkins		Lillie	Hamilto	17	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFOR	MANT	, Ac	ddress	
No	14/3	hosp R	eceRd.		
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b),	and (c).]	/			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	11	r 4 12 12	Industries.		ONSET AND DEATH
1/3 X	My Chi	1 10 1101	10 10 1		195
DUE TO		1			
Conditions, if any, which (b)					
couse (a), stating the under-					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	G TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION C	GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED. (En	ler noture of injury in Po	ort 1 or Part II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUP	RRED 20e. PLACE C	F INJURY (Home, farm,	20f. (City or town)	(Co	unty) (Stote)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCUS Hour o. m. p. m. 19 Of wark at work	16	street, office bldg., etc.)			
p. m. 19 of wark at work					
21. I certify that I attended the deceased from \triangle	/ C3 _ / Y _	, 19 1, to 1			st saw the deceased
alive on 1 6 1 / 3 , an	d that death acc	urred at J	M, from the causes	and on the	date stated above
		A	DDRESS (Street, city or tow	rn, stote)	DATE SIGNED
SIGNATURE JOHNES MY WEST VILLE	M.D.	7701 (2.	11/1/12		11-15 13
PHYSICIAN'S NAME (Typo))	TEKOW.	Pak 11.	1248	
229 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME	CEMETERY OR CRE	MATORY	LOCATION (City Jown	n, or county)	(Stole)
23. FUNERAL DIRECTOR STIPMATURE A ADDRES	is O Takone 4	240. REC'D	BY REGISTRAR 24b. RE	GISTRAR'S SIGN	ATURE
25 francis	St. H. X	DATE NO	V 1 8 '58	Inilua 8 9	4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12692

IS RESIDENCE

ON A FARM2

YES NO

Reg. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT/COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO P (County) (State) ... 19 that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE arthur & Krous

	CERTIFICATE OF DEATH	COS	
	married the state of the state		
Dept. St.			
60	in the second of	200 m	
Market Street Street			
	and the transport plant and the con-	At an orași	Spire I had you to 10
	1 10 x X m (5 - 1.82)		

may be retained by the haspital or attending physician.

TO FUNER & DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12704

CERTIFICATE OF DEATH

12693 Reg. Dist. No.

	PLACE OF DEATH	MONTGOMERY		MAR	YLAND	2. USUAL RESID		RYLAND	lived. If institution b. COUNTY			ission)
	RURAL and give r	(If autside corporate limi recorest tawn) SPRING	ls, write	c. LENGTH OF STATE	YINIB			SPRING	ote limits, write R	URAL and give	e nearest ta	wn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g 9412 Flowe		· · · · · · · · · · · · · · · · · · ·		/ d. STREET A 9412		er Aver	nue		ON	A FARM?
	NAME OF DECEASED (Type or print)	BESSIE		Middi TEMPERANCE		OHNSTON	t	4. DATE OF DEATH	NOV		Doy 13	Yeor 19 58
	EMALE	6. COLOR OR RACE WHITE	7. MAR!	RIED NEVER MARR		4/28/79			9. AGE (In years lost birthday) 79 yrs.	Months Do	YEAR IF UNI	
1	. USUAL OCCUPATE during most of wo MEMAKER	ON (Give kind of work of rking life, even if retired	lone 10b.	OWN HOME	OR INDUS		ACE (Stote NSYLV		untry)	U.S.		T COUNTRY?
13.	THOMAS N.	SCHROYER				14. MOTHER'S						
	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of t	rvice	SOCIAL SECURITY NO	0. 17. IN	FORMANT Herbert	A. Jo	ohnsto	n, 9412	Flower r Sprie		
7	PART I. DE. 44 44 × Canditions, if a gove rise to couse (a), stoting lying couse lost.	the <u>under-</u> DUE TO		NEPH	RO	SCLE					3 y	IRS
CERTIFICATION	200 ACCIDENT W	HER SIGNIFICANT CON		CRIBE HOW INJURY						'EN IN PART 1(PERF	ORMED?
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a.m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yes	20d. 1 While of wor		20e. PLA foct	CE OF INJURY (I ory, street, office	Home, form bldg., etc.	20f. (City	or town)	(Cou	inty)	(Stote)
	21. I certify to alive on	L. B. SNO	Jn	ed from. S., and tha		1.0. 9	013	M, fram	13, 19,50 the causes of eet, city or town, were	and an the	date sta	
22c		ON, 226, DATE THEREO	f	22c. NAME OF CEA	METERY OR	CREMATORY Cemet	ery	22d. LOCATI Prin	ON (City, town, ce Georg	e County	ty, Mi	ole)
23A	ENNERAL DIRECTOR	IN PRINCIPE	C	SILVER S	PRINC	, MD.	240. REC'I	D BY REGISTR		STRAR'S SIGN		

87,310	MITTALE VISITED THE	MILAND STATE DEPARTA	
USSE	ATE OF DEATH		\$1
			Manual Programme
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	學門就提出	4000	,

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

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	. COUNTY	MONTGOMERY		MARYLA	ND	o. STATE MARYL	AND	b. COUNTY	MON'	TGOM	ERY
	RURAL ond give	(If outside corporate limineorest town) SILVER SPRI		c. LENGTH OF STAY IN		c. CITY OR TOWN (IF C	R SPR]		URAL ond g	ive negre	st town)
	d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospitol, g 1012 W. No				d STREET ADDRESS 1012 W. No1	crest	Drive			IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fir PEARI		Middle SABIN		JONES	4. DATE OF DEATH	NOVE	MBER	Day 2	Year 19 58
5. 5	FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED	- 1	PRIL 9, 188	6	9. AGE (In years lost birthday) 72 yrs.	Months		Hours Min.
	during most of we ISURANCE	rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	INDUSTR	ST. JOSEPH		ountry)	12. CITI		WHAT COUNT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	CHARLES	ALDRICH SAL	BIN			MARY WEL	CH				
	WAS DECEASED EN	ER IN U. S. ARMED FOR-		NONE	Mr.	Stanley S.	Jones	, 1012 W.	Nolc		Drive
	PART I. DE 72 2.0 Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	-9	arolis resp everalized ree to	Ki	long in s oxemica ceney in your Rece	reft wils.	reience	7.	2	AND DEATH
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH		T RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? (ES NO
	OR CONTRIBUTIN	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED. (Enter noture of injury in (Port 1 or Port	I II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	19	While of work	Not while ot work	foctor	OF INJURY (Home, form y, street, office bldg., etc	.)			ounty)	(Stote
	ACTUAL SIGNATURE	leuis	, 19	and that do	eath a	corred at 1130	4.M, fran	n the causes o	and on th	ne date	the deceos stated abo DATE SIGN
220		ON, 226. DATE THEREO		22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCAT	TION (City, town,	or county)		(State)
	REMOVAL (Specif	11/4/58			EMET	and the six of	MONT	GOMERY C	YT'NUC	MAR	YLAND

ADORESS SPRING, MD.

by the funeral director, if 2 should be filed with attending physicion and completely Then please remove carbon papers, vent within 72 hours offer death. may be

requires that the death certificate be executed within 24 hours after death. Page

VS A15 (4) 15M 9/55



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CEPTIFICATE OF DEATH

12695

	12706		CERTII	ICAI	L OI DEA	111		Reg. D	ist. No		3011
1. PLACE OF DEATH o. COUNTY MON	TGOMERY		MARYL		usual residence a. STATE D.C.		ed lived. If institut b. COUNTY		nce befo	ore admissi	ion)
RURAL ond give no	If outside corporate limit earest town) ER SPING	s, write	7 months	N 16	c. CITY OR TOWN	(If outside corp		RURAL and	give ne	arest town	4)
A NAME OF HOSPIT	TAL (If not in hospitol, gi	NA R	oddeess)		d. STREET ADDRESS		urt, N.W.	7-1-0			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Firs JOHN		Middle		Lost KANE	4. DATE OF DEAT	Mo H NOV.		15	-	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH		9. AGE (In years last birthday) 88 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
during most of wor	ON (Give kind of work d king life, even if retired) er (retired		KIND OF BUSINESS OR Gardening	INDUSTRY	11. BIRTHPLACE (SI Connecti		country)		TIZEN O	OF WHAT	COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				100	
Patric	k Kane				Bridge	tt Mur	phy				
	R IN U. S. ARMED FORG		social security no.	Mr .	RMANT Edward F.	Kane,				t, N.	W.
Conditions, if a gave rise to i cause (a), stating lying cause lost.	m mediate (An	terioscler eptice	atie	Heave Heave I RELATED TO THE TE	AD	SE CONDITION GI	VEN IN PA	ay =	efron	x 304
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature af injury	in Part 1 or Pa	art II of item 18.)				NO [
Y 20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yea	While at wor	_ Not while _		OF INJURY (Home, f , street, affice bldg.,		ty or town)		(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JARRY	19.5	Lichete	M.D	. 19.58, to 2 corred at 2 co	PM, fro	om the causes (Street, city or town	and an , state) A Nde	sthe do	ite state	
TREMOVAL (Specify)			ST. ANN'S				ATION (City, town, LENOX, MA			(State	•)
23 FUNERAL DIRECTOR	S SIGNATURE, IN	18.	ADDRESS SILVER S	PRING	, MD e DATE	EC'D BY REGI	STRAR 24b. REG	ISTRAR'S S	IGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Pages to should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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HOSPITAL

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LT:		ND STATE DEPARTM	LENT OF HEALTH	I—BALTIMORE, 1	126
166.80	14 Tul 27	S CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH	TGONERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE &	ere deceased lived. If institution b. COUNTY	Residence before admission
b. CITY OR TOWN	N (If outside corporate limits, we neorest lown) THESTA	rite c. LENGTH OF STAY IN 1b	11	outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HO	SPITAL (If not in hospital, give s IN SUR BAN 1	HaspitaL	d. STREET ADDRESS	GREEN ST.	e, IS RESIDI ON A F/ YES 1
3. NAME OF DECEASED (Type or print)	BABY	GILL 1	ENNEDY		7352 30 19
FONL	E what will	MARRIED NEVER MARRIED DOWED DIVORCED		1958 lost birthday) yes.	Months Doys Hours
during most of	ATION (Give kind of work done vorking life, even if retired)	106. KIND OF BUSINESS OR INDI	MARY	LAND	12. CITIZEN OF WHAT CO
13. FATHER'S NAME	TUS LE	EE KENNEDY	14. MOTHER'S MAIDEN N	N MARIE	Cooke
15. WAS DECEASED [Yes, no. or unknown]	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Addre Addre	256
Conditions, gove rise to couse (o), stot lying couse to	immediate DUE TO	Freit Birth	- 5 mos	its getale	on .
PART II. PART II. 200. ACCIDENT OR CONTRIBUT UIF EITHER, NO	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	inal disease condition give	N IN PART 1(0) 19. WAS AU PERFORM
	WAS UNDERLYING [] 206 ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
WEDICAL HOUR O. P.	m. 10		PLACE OF INJURY (Home, for actory, street, affice bldg., etc		(County)
21. I certify alive on	that I attended the de how 30	A - control	th occurred at 3A	_M, from the causes a ADDRESS (Street, city or town, t	
PHYSICIAN'S NAME (Type)			Britte	Eustrug 77	d.
220. BURIAL, CREMINE POUP 18. 23. FONERAL DIRECT	TOR'S SIGNATURE	Laytonsvi	11e, Meth.	2 150 0 11	r county) (Stote) Lle, Md TRAR'S SIGNATURE wg S. Frank
10000	v Denver	1 staylonson	ela, mas DATEE	2 2 58 and	M. I VIMMON.

by the funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 Cold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH 14 4 1/2 . office and a self12709

CERTIFICATE OF DEATH

12698

10109	321111131		Reg. Disi	t. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institutions Residence b. COUNTY	e before admission)
Mentgomery		Harginia	- Arring	TOW
RUPAL and give nearest town)	194 Cays.	c. CITY OF JOWN (If outsi	to N Union	
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION		d. STREET ADDRESS	, 5, 5, 5, 5, 5	e. IS RESIDENCE ON A FARM?
Kesmor Janitarius	n.		83X-3	YES NO
3. NAME OF DECEASED (Type or print) Ce pelia	Middle	Kent 4	DATE Month OF DEATH A/JUEMber	Day Year 20 1958
5. SEX 6. COLOR OR RACE 7. MARRIEI	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED [Nov. 2 18	80 78 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TOWO	foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
Charles Jacques Lo	izeoux	01,00 K	oberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or unknown) (If yes, give weeker dates of service)	OCIAC SECURITY NO. 17. II	hart Carleto	on Kout -4609 5.	34/19 St.
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	16-076			ONSET AND DEATH
332 X IMMEDIATE CAUSE (o)	court you			1004
		-		
Conditions, if ony, which gove rise to immediate (b)	maneyed	arterion	arous	10900
couse (o), stoting the under DUE TO				431.02710
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	Taum	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO 904 9 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UR (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJ	URY OCCURRED 20e. Pt/	ACE OF INJURY IHome, form,	20f. (City or town) (C	ounty) (Stote)
Hour o.m. While	Not while for	clory, street, office bldg., etc.)		(4.4.2.1
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olive on 11-19-58, 19		1933, to 11-	M, from the causes and on th	ast saw the deceased
office of 1	,-, and mar deam		DRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE LEMEN (4.)	iben	M.D. 915 19	TH STNW	11/20/58
PHYSICIAN'S LEWIS H.	BIBEN	WASHI	NSTON DC	
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) LITE MIDTION NOV 21-1958	22c. NAME OF CEMETERY O	R CREMATORY 22	2d. LOCATION (City, town, or county)	MARVL AND
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR'S SIG	
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by the funeral director, nd 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNEYAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill, page 2 moved by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/\$5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12611

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Md. b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Silver Spring Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 9211 Wire Avenue YES NO TO & Hospt. NAME OF Middle 4. DATE First Month Day Year OF DEATH 19 58 NOU (Type or print) 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH Months Days WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work Cualis 21. I certify that I ottended the deceased fram, 19____,that I last saw the deceased and that death occurred of 5 A M, from the couses and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BITTIA (Specify) Morningside Clearfield Co., Pennsylvania

240. REC'D BY REGISTRAR

PATROV 1 9 '58

24b. REGISTRAR'S SIGNATURE

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ADDRESS

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23. FUNERAL DIRECTOR'S SIGNATURE

HOSPITAL

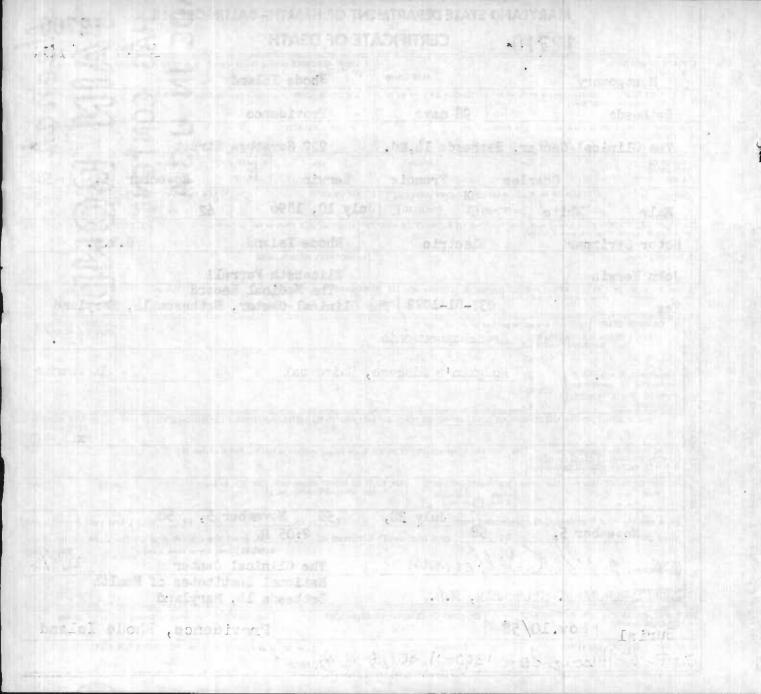
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1SM 10/57

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Yeor November 1958 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY U.S.A. The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH 10 months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YET NO T (County) (Stote) that I last saw the deceased and that death accurred at 2:05 PM, from the causes and on the date stated above. DATE SIGNED National Institutes of Health 22d. LOCATION (City, town, or county) (Stote) Providence, Rhode Island



CERTIFICATE OF DEATH

Middle

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C.

None

20d. INJURY OCCURRED

Not while of work of work

Bethesda, Maryland

While

12711 director, 1. PLACE OF DEATH filed o. COUNTY Montgomery the funeral shauld be fil death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) Suburban Hospital NAME OF DECEASED (Type or print) Alvin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX an papers. Male Whit e WIDOWED A cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) and Real Estate carban offer 13. FATHER'S NAME attending physician n please remave carl H urlings Ketchem haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO by Ė. dny Conditions, if any, which gned gove rise to immediate **DUE TO** couse (o), stoting the underpuo been si lying couse last. burial-transit CATION QVQ.

CERTIFIC

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL, CREMATION, 22b. DATE THEREOF

Robert A. Pumphrey

21. I certify that I attended the deceased fram

PHYSICIAN'S Arthur F. Woodward

20c. TIME OF INJURY

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

p. m.

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) 1 Mo. -22 days & Rockville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1103 Highwood Road YES KI NO I 4. DATE Month Year Ketcham DEATH Nov. 16 19 58 AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Jan. 2. 1896 12. CITIZEN OF WHAT COUNTRY Own business Penn. U.S.A. 14. MOTHER'S MAIDEN NAME Sarah Farley Phila. 17. INFORMANT 44. ABdQ16 Sister Miriam K. Dixon-Wayne Ave INTERVAL BETWEEN ONSET AND DEATH 1. Intracereberal Edema 2. Internal Hydroc ephalis 3. Divertierlosis (Descending & Sig moild Colon) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) mov. and that death occurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) Rockville, Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Arlington National Arlington. Virginia

24b. REGISTRAR'S SIGNATURE

arthur S. Traus

240 REC'D BY REGISTRAR

DATELOV 1 9 '58

HOSPITAL FUNER 3 poge 0 0 VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fuzzol director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be released to your files.

TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Size, Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12612

12702

Reg. Dist. No.

	1. PLACE OF DEATH C. COUNTY MONTGOMERY MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY						
	b.		outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 1				porate limits, write				
		and give nearest town)			3½yrs.	1		OMA PAR					2.54
	d	NAME OF HOSPITA		If not in h	aspital, give street address)	- 1	d. STREET ADDRESS					e. IS RESID	ENCE
			NT AVENUE					r Avenu	E			YES N	ARM?
		NAME OF DECEASED Type or print)	Fir	st	Middle		Lost	4. DATE OF DEATH	Month NOV		Doy 17	Yeor 195	8
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED					HORST	DEATH	9. AGE (In years	IF UNDER 1		IF UNDER 2	
		TEMALE	WHITE	WIDOW			5/8/85		73 yrs.	-	Days	Hours Mi	-
	10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Ste	ale or lareign (country)	12. CITIZ	ZEN O	WHAT COL	UNTRY?
		uring mast of warking OMEMAKER	life, even if renired)		OWN HOME		HEIDELBER	RG. GER	MANY	GER	MAN	Y	V
1		FATHER'S NAME				14	. MOTHER'S MAIDER	N NAME		1			
	Ta	ILHELM KI	ESELHORST				AUGUST	ra (u	nknown)				
/	15.	WAS DECEASED EVE	R IN U. S. ARMED FO		S. SOCIAL SECURITY NO. 17	7. INFO	RMANT		Address				
	[Y 00.		III yes, give war or dates of		none M	rs.	Eleanor A	Anna Wi	lson, 111	Gran	t A	ve.	
		18. CAUSE OF DEAT	H [Enter only one co	use per lin	e far (a), (b), and (c).]				Tako	ma Pa	TK.	MALY	and
		PART I, DEATH WAS CAUSED BY:											
		4201	IMMEDIATE CAUSE (o)	Coronar	y_o	cclusion_				Su	пави	
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		Canditians, if an gove rise to immed	iote couse								-		
	1	(a), stating the u											
	-	couse lost.) (c		CONTRIBUTING TO DEATH BL	IT NOT	DELATED TO THE TEL	PMINIAL DISEAS	SE CONDITION GIV	(EN) IN) PART	1/01/1	D WAS ALLT	OPSY
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	CERTIFICATION												
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	MED	Hour a.m. p. m.	19	of .	work at wark			g-24					
		21. 1 certify th	at I toak charge	e of the	remains described o	bove,	held an Auto	psy [], 1	nspection x	Inquir	y 🖫	, and i	n my
		apinian death resulted from: Natural causes x, Accident , Suicide , Hamicide , Undetermined manner											
,		ACTUAL :	2.0	1	Browhart		CHIEF MEDICAL	EYAMINED [3			DATE SIGN	leD (Da)
4		SIGNATURE	want y	. 10	portant	M	ASSISTANT MEDICAL	-			7	1// 18/	50
La		EXAMINER'S NAME (Type)	rank J. Br	osch	art		DEPUTY MEDIC				1	1// 10/	20
	220	BURIAL, CREMATION	N, 226. DATE THERE		22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town,	or county)		(State)	
	B	REMOVAL (Specify)	11/20/5	8	WASHINGTON N	AT'I	. CEMETER	RY ST	UITLAND,	MARYLA	AND		
	23 A	FUNERAL DIRECTOR	S SIGNATURE TI	NC.	ADDRESS			EC'D BY REGIS		STRAR'S SIG			
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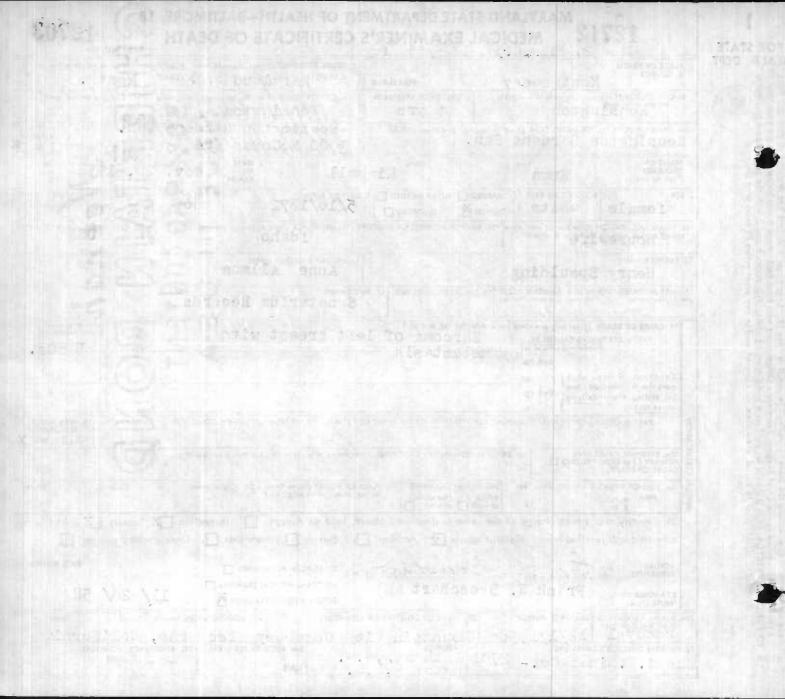
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Film G236. Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Montgomerv MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington VIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kensington Gardens San. ON A FARM? Kalaramayes | NO K 3. NAME OF Middle DECEASED Kimball Nov. Emma (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH
THE TRANSPORTED TO 11/08/CED TO 11/08 9. AGE (In years lost to below) IF UNDER TYEAR IF UNDER 24 HES. female Months Doys Hours Min. WIDOWED P DIVORCED [] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working ther wen if retired) Idaho 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Allmon Henry Spaulding Anne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Sanatarium Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Sarcoma of left breast with PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 mOs metastasis DUE TO Conditions, if any, which; gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES THO TX 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X opinion deoth resulted from: Notural causes 🤾 Accident 🗋 Suicide 🗋 Homicide 🗍 Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Frank J. Broschart

EXAMINER'S 11/ 28/ DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) removal (Specify) Mountain View Cemetery Pasadena, California 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Tithur S. Thank The S.H. Hines Co.-DATE lashing ton



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I ENDING FRESCHAR: The law requires that the death certificate be executed within 44 hours offer death. Page 4		IOR: After this certificate has been signed by the attending physician and completely filled the funeral director,	detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 a 22 should be Med with	
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
12713	CERTIFICATE OF DEATH	

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Reg.	Dist.	No.			

	PLACE OF DEATH	ntgomery		MARY	LAND 2.	o. STATE Virgin		lived. If institution b. COUNTY	Residence Fair	e before odmi	ssion)
-	RURAL and give ner	outside corporate limi prest tawn)	ts, write	LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corpor	-			vn)
	Bethesda		14	2 days		Herndo	n	8-	3 X - 3	3	
· ·	The Clinic	al Center,	Beth	esda 14,	Md.	d. STREET ADDRESS Route	#2, Ri	idge Read	l	ON	A FARM?
- 1	NAME OF DECEASED Type or print)	Grege		Middle Geor		tishion	4. DATE OF DEATH	Mon November	th	Doy 18	Yeor 19 58
5. \$	Male Male	6. COLOR OR RACE White	7. MARRIE		EDX 8. C	ate of Birth		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNE	DER 24 HRS.
10a.	USUAL OCCUPATIO during most of working Student	ng life, even it refired	done 10b. KI	ND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (Stote Mary)		untry)		EN OF WHA	T COUNTRY?
113	FATHER'S NAME	,			- li	4. MOTHER'S MAIDEN N				U.D.A.	
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-					1.00		Austi				
(Yes	MAS DECEASED EVER	IN U. S. ARMED FOR	ervice) 16. SC	CIAL SECURITY NO				lecord Addr			
					The	Clinical Ce	nter,	Bethesda	14,	Mary Lai	nd
CERTIFICATION	Conditions, if on gove rise to im cause (a), stating It lying couse lost. PART II. OTH:	mediate DUE TO, ER SIGNIFICANT CONI	CAL DITIONS COL			T RELATED TO THE TERMI			en in part	PERF	CYSU.
	OR CONTRIBUTING	MEDICAL EXAMINER)								7-5-5	
MEDI	Hour o.m.	Month, Doy, Yes	While of work [factory	OF INJURY (Home, form, street, office bldg., etc.)	3.43	- 50	ounty)	(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Allian	1958 Pfaff		death ac	The Clinic The Nation Bethesda 1	BM, from ADDRESS (SIR al Cen al Ins li, Mar	the causes a	nd on the stote) of Hea	e date stat	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12705

	12613	ERTIFICA	TE OF DEATH		Reg. Dist. I	No.	
1.	PLACE OF DEATH O. COUNTY Montaromery	MARYLAND	DISTRICT O	re deceased lived. If Institution b. COUNTY			
I	b. CITY OR TOWN (thouside corporate limits, write RURAL and give negrest town) A Kowa Fark - 12 Wash d. NAME OF HOSPITAL (If not in hospital, give street address)	of stay in 16	. 0	- q Ton D.C.	JRAL and give	e. IS RES	X3
	or institution by a function San + 605p.	1912		nut St. N.W.	•	ON A	FARM?
3.	NAME OF DECEASED (Type or print) CLARENCE T	Romas	LACY	4. DATE Mont			Year 1958
L	SEX 6. COLOR OR RACE 7. MARRIED NEVI WIDOWED WIDOWED	DIVORCED	3-1-71	last birthdoy)	Months Day	/s Hours	Min,
	during most of working life, even if retired) Builder - retired Build	SINESS OR INDUS	D.C		12. CITIZEN	OF WHAT	COUNTRY
1	PATHER'S NAME O I vam Henry Lacy WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECI	10/17/1/0 1/17 #	14. MOTHER'S MAIDEN NA	Pagne			
1)(1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECTION OF OUR PROPERTY OF THE PROPERTY OF	JRITY NO. 17. III	Hospital	Records	**		
	18. CAUSE OF DEATH [Enter only one couse paths for (a) the PART I. DEATH WAS CAUSED BY:	(c).]	7 other L			NTERVAL BE	DEATH
	Conditions, if any, which gove rise to immediate DUE TO	ghuti	<i>y</i>	-4		4-6	mos
1	lying cause lost. (c) Thur	u (1)	ear Syd	me o Din	estra	ne	
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	Ible on	el gray		EN IN PART 1(c	PERFC	AUTOPSY ORMED?
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED). (Enter nature af injury in Po	ort I or Part II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCL While Not work of work of work of work	ile fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(Cour	ty)	(Stote)
	21. I certify that, lattended the deceased framalive an 19 19 19 19	nd that death	occurred at 2 PM	M, from the causes a	that I last		
	ACTUAL SIGNATURE DE WHOLE			DDRESS (Street, city of town, s	and and	D/	ATE SIGNE
	PHYSICIAN'S Chas H WOL	OHON	Ja	hom Van	4 =	mol	
L	burial 11/11/58 Cons	OF CEMETERY OF	crematory nal Cometery	22d. location (city, town, o Washingto	-	(Stot	e)
23	Fle S. H. Nesse B. 29	55 /-14 M	DATE NO	1 2 150 1 0	TRAR'S SIGNA		
		LOS	11.100				

by the funeral director, and 2 shauld be filed with may be retained by the hospital or attending physician.

TO PUNER DIRECTOR. After this certificate has been signed by the attending physician and completely fillenges 3. Order to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/S5

The state of the second st THE RESERVE OF THE PERSON OF T

TO FUNER

VS A15 (4) 15M 10/57

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12706

12714 **CERTIFICATE OF DEATH** Reg. Dist. No.

a. COUNT	DEATH TY Intgomer			MARY	YLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where decease	ed lived. If institution b. COUNTY				1)
b. CITY O	OR TOWN (If our ond give neores	tside corporate limit	ls, write	c. LENGTH OF STAY	IN 1b		(If outside corp	orote limits, write RL	JRAL ond gi			
	rsonF				YES	Dick	cerson-	Rural				3.7
d. NAME OR INS	OF HOSPITAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS	S				ON A FA	ARM?
3. NAME OF DECEASES (Type or p	0	Viola Vi		Middle A Lamber		Lost	4. DATE OF DEATH	Mont		Day	Yeo	58
S. SEX	6.	COLOR OR RACE		NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1		UNDER :	24 HRS. Min.
Fer	ale	White	WIDOWI			April 91	866	92 yrs.				
10a. USUAL (OCCUPATION (Give kind of work of life, even if retired)	fone 10b.	KIND OF BUSINESS C	OR INDU	TRY 11. BIRTHPLACE (SI	tate or foreign	country)	12. CITIZ	ZEN OF	WHAT CO	DUNTRY
	lousewif					Virgin	nia		U	.S		
13. FATHER'S						14. MOTHER'S MAIDE	EN NAME					
W	Villiam	Sarver				Unknow	yn.					
	CEASED EVER IN		CES? 16.	SOCIAL SECURITY NO). 17. II	NFORMANT		Addr	ess			
No				None		sley Lamber	rt.Poole	esville, Mo	1			
			use per li	ne far (a), (b), and (c).	-]					INTERV	AL BETW	/EEN
٩	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	- (Loyonary	1 0	Declusion	ч			1 1	AND DI	OHYS
420	0.1	DUE TO		/								
Condi	tions, if ony,	bt.ak A	Q.	vtan é	land	- Condi	n . C	lar Dise		11	2110	1. 48
	rise to imme	ediote (11611000	1640	ic Carri	o rasca	INT DISE	() (1	7 4 6	2011)
	o), stoting the pouse lost.	under- DUE TO										
		J (c)		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	DANINIAL DICEA	CE CONDITION CITY	TA . IA . DA DZ	1/ 10	VAZA C. A LU	TORCY
CATI									EN IN PAKI		PERFORM	AED?
	CIDENT WAS UI ITRIBUTING () ER, NOTIFY MED	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury	in Port I or Po	rt II of item 18.)				
	E OF INJURY	Manth, Doy. Yea	r 20d. If White	NJURY OCCURRED	20e. PL/ foo	ACE OF INJURY (Home, It story, street, affice bldg.,	form, 20f. (Cit etc.)	y or town)	(Co	ounty)		(Stote)
¥ W	p. m.	19	at wor									
21. I c	ertify that	attended the	decease	ed from A	57:	19.58, ta	8 N	OV1 , 1958	that I la	ast saw	the de	ocease.
alive o	65 1	Vav.	1 19 3	58 and that	death	accurred at 9	LUA.M Gra	m the course	nd 45-	l	The de	ceused
	() /	1	7 7	Total dila illa	dedill	accorred di1		Street, city or town, s		e dare		SIGNED
ACTUAL	V	hal.	Mi)	5 th		Barn	11	A4 o	/	Q	A	SIGNET
SIGNATE	URE	- John	100)/WV VII)		m.o. Darn	11/1/20	6, 1010	L		1000	30
PHYSICIA NAME (1		ordon M.S	mith			100000000000000000000000000000000000000						
REMOVA	AL (Specify)	22b. DATE THEREO		22c. NAME OF CEM		R CREMATORY		TION (City, town, o			(State)	
Bur		Nov 11-	-58	Monocac	<u>y</u>		Bea	llsville,	Maryl	and		
23. PUNERAL	DIRECTOR'S SIG	D 11. DO		ADDRESS	- 00	7 . /	REC'D BY REGIS		TRAR'S SIGN	NATURE		
1////	Viam.	12. Holl	Su	12vanos	nUVI	2 MIC DATE	NOV 1 3 '	58 0.	11 0	L.		

,	CERTIFICATE OF DEATH	
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1	3610 m	DICA	E EXPANSION	-11	CERTITION	112 01	DEATH	Reg.	Dist. No		
	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea					nission)
	o. COUNTY	ntgomery		MARY	AND	o. STATE Mary	land	b. COUNT	Mont	gome	ery	
1	. CITY OR TOWN III	autside corporute limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Bethe			D.O.A.		X Betheso	a					
			If not in has	pital, give street address)	M. STREET ADDRES					e IS F	RESIDENCE I A FARM?
	Suburbs	n Hosp.				4918 Mc	ntgomer	v Lane] NO NO
	NAME OF	Fir	97	Middle		Last	4. DATE	Month	7	Doy		Year
	OFCEASED (Type or print)	Philli	n			Langmaid	OF DEATH	Novem	ber	8		19 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	E 8	DATE OF BIRTH		9. AGE (in years		R TYEAR		DER 24 HRS.
1	Male	White	WIDOWED	DIVORCED [Sept. 15.	1954	fast birthday) 4 yrs.	Manths	Days	Hours	Min.
10c	. USUAL OCCUPATIO	ON (Give kind of wark	dane 10b. K	IND OF BUSINESS OR I	NDUST			country)	12. CI	TIZEN O	F WHAT	COUNTRY?
-	None	g life, even if retired)				Mary:	land			U.S.	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDE		0.07.4				
	Harold	G. Langmaid	1			Helen Ma	azza					
		ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. 10	FORMANT		Address	918	Mont	gome	ry Lar
114	No	[If yes, give war or dates of	No	one	На	rold G. La	ngmaid		ethe			
		TH [Enter only one cou	se per line f	ar (a), (b), and (c).]						TINTE	EVAL BETW	VEEN
	PART I. DEA	TH WAS CAUSED BY:	Core	bral hemorr	hao	A				ONSE	T ANU GE	AIH
	812	DUE TO	UGIG	DI CLE INVINCEA	A MARIE					81	udde	n
	Conditions, if ony, which) (b) Crushed skull											
	gave rise to imme	diale cause		ed over by	tru	ck						
	(a), stating the cause last.	(c)		od over by	01 0							
3	PART II. OTH			NTRIBUTING TO DEATH	BUTN	IOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1		
CATION	Crus	hed face at	nd fra	cture of le	ft	iaw				,	YES T	NO.
	20g. EXTERNAL CAL PRIMARY G or COI CAUSE OF DEATH.	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature of injury in	Part I ar Port II	of item 18.)				-
CERTIF	CAUSE OF DEATH.	NIKIBUTING L	Racke	d over by t	ruc	k						
3	20c. TIME OF INJU	RY Manth, Day, Ye		NJURY OCCURRED 20	e. PLAI	CE OF INJURY (Home, f	orm, 20f. (Cit	y or fown)	(C	ounly)		(Slote)
MEDI	9:55 XX	11/8/58 19	While at wa	rk ot wark	tocte	ding Davo.		ver Sprin	g Mo	ntg.	M	d.
-				emains described				nspection 🔀	-	iry XX	OI	nd in my
				auses . Accid		_	Homicide			Louis		id itt itty
	apinion deam	resorred from:		doses		, JOILIGE [11411116166	, Olidere	i milite u	matine	" "	
	ACTUAL 9	50-19	Ban	what		A D CHIEF MEDICAL	EXAMINER [DATE	SIGNED
	SIGNATURE	iano j	500	man		_M.D. CHIEF MEDICAL						
	EXAMINER'S NAME (Type) Time	ank J. Bro	schart			DEPUTY MEDIC			7. 8,	195	8	
220	BURIAL CREMATIC	N, 226. DATE THEREC	OF	22c. NAME OF CEMETE	RY OR	CREMATORY		TION (City, town,			(Sle	(e)
	REMOVAL (Specify)	11-11-5	ø	Ft. Linco	ln	Cemetery						
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	700	240. R	EC'D BY REGIS	nce Geo	STRAR'S S	IGNATUI	Md RE	-
	ROBERT	A. PUMPH	REY,	Bethesda	, M	d.						
						DATE	YOV 1 2 '5	58 a	Thur 9	Tinu	A	

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed, a certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be the Chief Medical Examiner's Office along with form PM3. Page 5 may be relyed for your files. DENEY, DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the 5. A Board of Health, or its designated agent, prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO DEPUT 4 shou VS. A15ME

5M 2/57

PARAMETAL EXAMINERS CENTERALE OF DEATH

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	wis interest of	Satra od revo beskal Ministracija	69/1/11 == 60:
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNE A DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3. Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any examplified 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Film G 235 11/18/58

12708

Reg. Dist. No. 215

1	PLACE OF DEATH					2. USUAL RESIDENCE (Where decea	sed lived. If institu	ution: Resider	nce befo	ore odmission)	
	Montgomer	v		MARYLA	ND	Maryland b. Montgomery						
	b. CITY OR TOWN III		RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f outside cor		-		orest town)	
	Bethesda					X Bethesda						
1		L OR INSTITUTION	If not in hos	spital, give street address)	- 11	d. STREET ADDRESS					e. IS RESIDENCE	
	10421 Mon			kside Apts.		10421 Mont	trose	Ave., Par	rkside	Apt	ON A FARM?	
3	NAME OF DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF DEATH	Nove		Day 8	Yeor E8	
1	S. SEX	Will 6. COLOR OR RACE		Irving	7 0 0	LEAHY	DEATH	9. AGE (In years			1958	
1				ED NEVER MARRIED	1 8. 6	PATE OF BIRTH		fast byrthday)	Months	Days	Hours Min.	
-	Male	White	WIDOWE		NI IOTAL	1-9-98		60 yrs.				
	during most of working	lite, even it refired)		CIND OF BUSINESS OR INC	DUSTRY						WHAT COUNTRYS	
-	Naval Offic	er-lawyer	U.	S.Navy - Law		Hartford,	Conne	cticut	U.	S.A.	•	
	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
/L	Thomas J.	LEAHY				Katharine	(unkn	own)				
	5. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INE	DRMANT		Address	Beth	esda	a, Md.	
I.		919 to 195	- 1		(F)	RADM Paul J	L Math	ers,9602	Rocky	ille	Pike	
F	18. CAUSE OF DEATH			for (o), (b), ond (c).]						INTERV	AL BETWEEN	
		WAS CAUSED BY	000	aluaton wiek						1	AND DEATH	
	420./ IMMEDIATE CAUSE (e) Occlusion, right coronary artery Sudden											
	Condition if any which											
gove rise to immediate couse										Unknown		
	(o), stoling the underlying DUE TO											
1												
	PART III. OTHER	CK 3101411-LCVIAL COIA	DITIONS CC	DIALKIBOTHA TO DEVILLE	UINO	KETALED TO THE LEKW	INAL DISEAS	E CONDITION GIV	VEN IN PART	7(a) 19.	PERFORMED?	
	5									YI	ES X NO	
	PART II. OTHE	TRIBUTING	b. DESCRIBI	E HOW INJURY OCCURRE	D. (Ente	er noture of injury in Par	t I or Port II	ol item 18.)				
	20c. TIME OF INJURY Hour o. m.	Month, Day, Yes			PLACE	OF INJURY (Home, form	n. 20f. (City	or lown)	(Cour	nty)	(Slote)	
6	Hour o.m.	19	While of wo	Not while	roctory	, street, office bldg., etc.						
T.		at I took charge		remains described o	boye	held an Autons	V X I	nspection .	Inquiry		and in	
				causes 🗓 Accide						-	and in my	
	opinion death i	esoned from: 1	valurar d	duses [X], Accide	11	, Suicide ,	Homicide	, Undere	rmined m	anner		
Н	ACTUAL 7	- 1 1	12.	. 1 6		CURE MEDICAL EN	V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				DATE SIGNED	
	SIGNATURE	cura f	me.	nhart	/	A.D. CHIEF MEDICAL E						
-	EXAMINER'S	V				ASSISTANT MEDIC			0 37		3.059	
		Frank J. E				DEPUTY MEDICAL	EXAMINER [X	8 Nov	embe	er 1958	
2	 BURIAL, CREMATION REMOVAL (Specify) 			22c. NAME OF CEMETERY			_	TION (City, town,			(State)	
-	Burial	11-10-58	5	Arlington				ington	Vl	rgi	ula	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Bethe	sda		D BY REGIST		STRAR'S SIGN	1 1		
1	R/K. Pumphre	y Funeral	Home,	7557 Wisc.	Ave	· , DATE	10V 1 2	20	britung S.	That	u.d.	
- Carrie	1 1	IX / /										

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12717

CERTIFICATE OF DEATH

12709

Reg. Dist. No.

N. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg Since 4-6-5	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Airy-Rural RD#1 /Ox _ 2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Asbury Methodist Home for the Aged	d. STREET ADDRESS McKaig e. IS RESIDENCE ON & FARM? YES A NO
3. NAME OF DECEASED (Type or print) NANNIE C. Middle	Least 4. Date Month Day Year OF DEATH NOV 30 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 11-7-74 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRIAL OF BUSINESS OR	MARYLHND USA
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	ANNA M. MCALHSTER
(Yes, no, or unknown) (If yes, give wor or dates of service)	ustin R. Lease (Same as item #2)
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (o) DUE TO DUE TO	S RT LUNG INTERVAL BETWEEN ONSET AND DEATH OF
Conditions, if any, which gave rise to immediate cause (a), staling the under-lying couse lost. (b) CONEESTIVE (c) ARTEROSCL	EROSIS 11-19-58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 492 X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO.} \) NO \(\text{NO.} \)
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
1 1 10 111	accurred at 9:35AM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE M.D. 10128 CFARF LANE 11-30-55
PHYSICIAN'S Sarah E. Glover, M. D.	KENSINGTON, Md
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 12-3-58 Mount Olivet	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryl	and DEC 2 58 24b. REGISTRAR'S SIGNATURE

No. of the last of		TE OF DEAT	CERTIFICA	THEFT	
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	y be retained by the hospital ar attending physician.	UNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.	C	registrar priar to burial, cremation, ar removal, and in any event within 72 mayrs after death.

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-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND aryland b. CITY OR TOWN (If autside carporpte limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Gaithersburg. althersburg d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Rura. NAME OF DECEASED First Middle 4. DATE Last Month Day Year OF DEATH Lithel (Type or print) G1 0 Leckrone 19 VOV 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours White DIVORCED [pr. 15-1880 Female WIDOWED A 7 8 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Indiana Touse Brownsburg 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Sara L. Goudy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Sara Jane Whittier. Baithershung. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) +DUR DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while at wark ot work 5 19 12 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL PHYSICIAN'S Jack Gaithersburg Schumacher 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 11-8-58 Greenmann Brownsburg. Indiana 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR Ernest C. Gartner, Gaithersburg. DATEVOV arthur & Krays

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12719

CERTIFICATE OF DEATH

Rea. Dist. No.

	ACE OF DEATH COUNTY			MARY	LAND	2. USUAL RESIDENCE (Who		lived. If institution			mission)	
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В.	RURAL ond give ner	outside corporate timi	is, write		IN IP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
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	OR INSTITUTION	L (If not in hospital, g				d. STREET ADDRESS					RESIDENCE N A FARM?	
T	he Clinic	al Center,	Bet	hesda 14, 1	Id.	3924 Bo	parman	Avenue		YES	NO K	
	AME OF	Fir		Middle		Lost	4. DATE	Mont	h	Day	Yeor	
(T)	ype or print)	Walter		Herbei		Levin	DEATH	Novembe	r	19	19 58	
S. SEX	X	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	ED 🔀	B. DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.	
M	lale	White	WIDOW	ED DIVORCE	D	May 27, 1937		21 yrs.	Months	Days Ho	urs Min.	
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	tudent (N			None		Maryland			1	U.S.A.		
	THER'S NAME					14. MOTHER'S MAIDEN N.	AME					
S	amuel Lev	in				Sarah Silv	ver					
15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 18	FORMANT The Med:		cond Addre	ess			
	10. or unknown) (II	f yes, give war or dates of s	i vice;	16-34-5790		he Clinical Co				Marv	land	
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	1B. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma of right foot & pulmonary metastases								ONSET AND DEATH			
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ER O	R CONTRIBUTING	UNDERLYING CAUSE OF DEATH	ZVB. DES	CRIBE HOW INJURY OF	CCURREL). (Enter nature of injury in Po	ort 1 or Part	Il of item IB.)				
MEDICAL	Hour o.m.	Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PLA fac	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)	
M.	p. m.	19	of wor									
2	1. I certify the	it I attended the	deceas	ed from May	19	, 1958 , to No	vember	19 19 58	that I lo	ist saw ti	he deceased	
0	live on Nove	mber 19	12	58, and that	death	accurred at 4:30 I	M. fram	the causes a	nd an the	e date st	ated abave	
			h	no.	,	A	DORESS (Str	eet, city or town, s	tate)		DATE SIGNE	
SI	CTUAL	ames	111.	1ars	1	A.D. The Clin	nical	Center		11/20	/58	
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	IAME (Type) Ja	mes M. Mar	sh, 1	M.D.		Bethesda	a 14.	Maryland				
220. B	WRIAL, CREMATION	DATE THEREO	F	22c. MANE OF CEME	TERY OF			ON (City lown, or		/	State)	
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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

Reg. Dist. No. 215

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Washington. D.C. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Washington, D.C.
d. STREET ADDRESS •. IS RESIDENCE
3801 Conn. Ave. NW, Wash., D.C. ON A FARM?
Lost 4. DATE Month Day Year
LEVINTOHL OF November 22 1958
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
17 March 1889 69 yrs. Months Days Hours Min.
DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
Russia U.S.A.
14. MOTHER'S MAIDEN NAME
Jenny STESER
informant 3020-Rodman St., N.W.,
(B-I-L) A. MORGENSTEIN Washington, D.C.
INTERVAL BETWEEN
ONSET AND DEATH
Carcinoma 25 Days
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED? YES NO TO
RED. (Enter nature of injury in Part t or Port It of item 18.)
PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (County) (State
29 19 58, to November 22 1958 that I last saw the deceas
ith occurred at 4:05P M, from the causes and an the date stated above
ADDRESS (Street, city or town, stote) DATE SIGN
M.D. U. S. Naval Hospital, NNMC 11-22-5
Bethesda, Maryland
OR CREMATORY 22d. LOCATION (City, town, or county) (State)
L Cemetery Washington, D.C.
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wash., D.C. DATE NOV 2 6 58 arthur S. Kraus

ARYLAND STATE DEPARTMENT OF HEALTH -BEATTMENT, 18	
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Reg. Dist. No.

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	TO FUNG & DIRECTOR: After this certificate has been signed by the attending physician and can	page extended be detached far use as the burial-transit permit. Then please remave carban pap	the registrar prior to burial, cremation, ar remaval, and in any event within 72 havrs after death.	
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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RUR SPRING	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EVASH. SAN. AND HOSPITAL 115 CROYDON COURT.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Lost, 4. DATE Month DECEASED (Type or print) RALPH JACKSON LILLIBRIDGE DEATH NOU	
MI WIDOWED DIVORCED OCT. 16, 1876 SZ yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUYER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) TowA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (HISTER LINE BEINGE) 14. MOTHER'S MAIDEN NAME MARY JACK	SON
Yes, no, or unknown (If yes, give wor or date of service) Yes Mrs. Sarah B. Lillibridge, 11	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] accente Pulmonary Edema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My a cardial Infarction, Acute	INTERVAL BETWEEN ONSET AND DEATH 2 D Aus
Conditions, if any, which) (b) Ceronary occlusion,	
gave rise to immediate cause (o), stating the under- lying cause lost. DUE TO Coronary atheros closs?	3-4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN Cerebral and Beneral antenosclerosas.	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of wo	(County) (State)
21. I certify that I attended the deceased from July 1, 1954, to NOV. 2, 1956, alive an Nov. 2, 1958, and that death accurred at 8 30 A.M. from the causes and	that I last saw the deceased
ACTUAL SIGNATURE Damas a. Roberts M.D. 8987 GOORGIA AVE.	ote) DATE SIGNED
PHYSICIAN'S TAMES A, ROBERTS SILVER SPRING,	MD
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify) 32d. LOCATION (City, town, or REMOVAL (Specify) 3	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

	MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18
>	12721 CERTIFICA	ATE OF DEATH 12714 Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington 5 mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x 3
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Kensington Gardens Sanitarium	d. STREET ADDRESS 1805 37th St., N. Ve. IS RESIDENCE ON A FARM? **SOMOXMECOMMEXX**********************************
		INDS AY 4. DATE Month Day Year OF DEATH NOVEMBER 1958
	female 6. COLOR OR RACE 7. MARRIED NEVER	8. DATE OF BIRTH March 21, 1873 9. AGE (In yeors last birthdoy) 85 yrs. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if elired) school teacher (retired)	STRY 11. BIRTHPLACE (Stote or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY?
	Lewis F. Lindsay	Mary H. Hall
	(Yes, no. or unknown)	athryn H. Rawls, 1805 37th St., NW
ń	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ON DOS FIVE	Proper Pailure Interval Between ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause lost. DUE TO DUE TO (b) Caperrana April (c)	caro sclesosis - impercondul fibes - indetermina
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CAPCING MARS The Color	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jt. p. m. 19 While Not while of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) clary, street, office bldg., etc.)
	21. I certify that I attended the deceased from Question alive on Question 19 18, and that death	accurred at 4, 4 & 2M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S O. C. O. C. O. C.	M.D. 1150 Dom. Are NW. Wash . De
	NAME (Type) HNCIECU CETRANCONI	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	-REMOVAL (Specify) 11-12-1958 Oakwood Ge	metery Waukegan, Illinois
	23. FERERAL DIRECTOR'S SIGNATURE Sons, Washington	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Outhor L. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12715 12722 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b**JCOUNTY MARYLAND CITY OR TOWN (It outside carporate limits, write RURAL and give morest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) should 1116162 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO li til NAME OF DECEASED 4. DATE First Middle Last Month Yeor Day DEATH (Type or print) 19 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) wher 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ofter WAS DECEASED EVER IN U. S. ARMED FOR EST 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) POSTERTOR MYCC ARDIAL INFARCTION 3 days 420. DUE TO à Conditions, If any, which Thrombosis, Posterior Coronary Artery 3 days gave rise to immediate DUE TO couse (a), stating the under-Coronary atherosclerosis unknown lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHame, farm, 20f. (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Haur o. m. While Nat while at work at work 17, 1958 that I last saw the deceased that I attended the deceased fram_ OV. 3 TPM, from the causes and an the date stated above. and that death accurred alive on ADDRESS (Stree), city ar tawn, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY Washington Rock Creek Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OV 2 0 '58 arthur S. Krous

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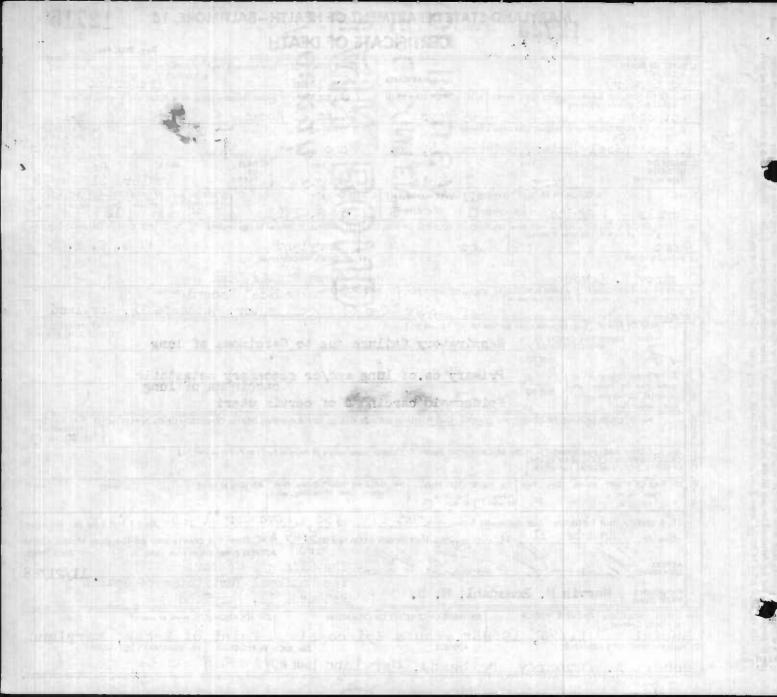
VS A15 (4) 1SM 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Nontgome			MARYL		o. STATE Maryland	here decease	d lived. If instituti b. COUNTY	-	eric		ion)
	N (If outside corporate limite neorest lown)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	RURAL ond	give ne	grest low	1) /
Bethesda			85 days	-	Point of R	locks	70	X -	2		
d. NAME OF HO	SPITAL (If not in hospital, g	ive street			d. STREET ADDRESS					e. IS RES	
	ical Center,	Beth	nesda 14, M	d.	None						FARM?
3. NAME OF DECEASED	Fir	st .	Middle		Last	4. DATE OF	Mor	nth .	Do	у	Yeor
(Type or print)	Marv		Viola		Lowery	DEATH	Nov	rembe:	r 2	1	19 58
5. SEX	6. COLOR OR RACE	7. MARR	RED NEVER MARRIE	D 🔀 8. C	ATE OF BIRTH		9. AGE (In years		R 1 YEAR	IF UNDE	R 24 HRS.
Female	White	WIDOWE	ED DIVORCED	0	May 3, 192	3	lost birthdoy) 35 yrs.	Months	18	Hours	Min,
10a. USUAL OCCUP	ATION (Give kind of work of working life, even if retired)	lone 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY
None	working life, even if refired,		None		Maryland	4-			U. S	. A.	
13. FATHER'S NAME		-		1	4. MOTHER'S MAIDEN				0 0 13		
Onings T	. Lowerv				Lena Ste	ח הוו	22				
	EVER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT The Med			Iress			
(Yes, no, or unknown)	(If yes, give war or dates of s	rvice							2.11-	7	
No			<u>Unavailable</u>		Clinical C	enter	Betheso	а 14		ryla:	
18. CAUSE OF PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0	Re	spiratory f	failur	re due to C	arcino	ma of la	ng			DEATH
Conditions, gove rise to couse (o), stot lying couse to	IMMEDIATE CAUSE (o DUE TO if ony, which o immediate ing the under-	Pr Ep	imary ca.of	f l u ng	and/or se	condar carcin ix ute	y metast oma of l	atic		9. WAS	
Conditions, gove rise to couse (o), stot lying couse to	IMMEDIATE CAUSE (o DUE TO If ony, which o immediate o immediate o ing the under- oother SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH	Pr Ep	imary ca.of	f lung	g and/or se	condar carcin ix ute	y metast oma of in ri E CONDITION GIV	atic		9. WAS	AUTOPSY
Conditions, gove rise to couse (o), stort lying couse let Part II.	IMMEDIATE CAUSE (o DUE TO if ony, which o immediate ing the under- past. OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Yes m.	Pr Ep DITIONS C	cribe HOW INJURY OC	T lung	ma of cervine of the term of t	condar carcin ix ute	y metast oma of in ri E CONDITION GIV I II of item 18.)	atic ung VEN IN PA		9. WAS	AUTOPSY PRMED?
Conditions, gove rise Is couse (o), stot lying couse le PART II. 20a. ACCIDENT (IF EITHER, NOT HOUR O. P.	IMMEDIATE CAUSE (o DUE TO if ony, which o immediate ing the under- past. OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Yes m.	Ep Ep Zob. DESC Zob. DESC White of world decease	CRIBE HOW INJURY OCURRED NOT While Contribution to DEA CRIBE HOW INJURY OCURRED CRIBE HOW INJURY OCCURRED CRIBE HOW INJUR	T lung arcinc CURRED. (I 20e. PLACE foctory	oma of cerving and or second of cerving and cerving and of cerving	Port I or Port I	y metast oma of in ri E CONDITION GIV I II of item 18.)	atic ung VEN IN PA ,that I and an stole)	(County)	9. WAS PERFOYES E	AUTOPSY PRMED? NO (Stole)
PART I. Conditions, igove rise in course (o), stool lying course let in course let	IMMEDIATE CAUSE (o DUE TO DUE	Pr Ep DITIONS C 20b. DESC While of world decease comsd.	CRIBE HOW INJURY OCURRED NOT While Contribution to DEA CRIBE HOW INJURY OCURRED CRIBE HOW INJURY OCCURRED CRIBE HOW INJUR	The But No. CCURRED. (I. 20e. PLACE foctor) It 27 death ac	oma of cerving and/or second of cerving transfer notice of injury in the course of injury in the coursed of the course of the co	condar carcin ix ute Ninal Diseas Port I or Por m, 20f. (City c.) A.M., from ADDRESS (S ical Ce ponal In	y metast. oma of r ri E CONDITION GIV or lown) or lown) r 21, 1958 on the causes of reet, city or lown, enter	atic ung	(County) last so	9. WAS PERFOYES EN	AUTOPSY RMED? NO (Stole) deceased above ATE SIGNET
Conditions, gove rise is couse (a), stor lying couse (b) fying couse (c) fying	IMMEDIATE CAUSE (o DUE TO DUE	Ep Ep Zob. DESC Zob. DESC While of work decease Comsd.	CRIBE HOW INJURY OCH NOT WORK IN THE WORK	TERY OR CI	oma of cerv TRELATED TO THE TERM OF INJURY (Home, form, street, office bldg., etc.) The Clini The Nation Bethesda REMATORY	condar carcin ix ute Ninal Diseas Port I or Por m, 20f. (City c.) A.M., from ADDRESS (S ical Ce ponal In	y metast. oma of r ri E CONDITION GIN H of item 18.) or lown) r 21, 19 58 In the causes correct, city or lown, enter institutes aryland HION (City, lown, nt, of F	atic ung VEN IN PA , that I and an stole) or county) Rocks	(County)	9. WAS PERFOYES EN THE STATE OF	AUTOPSY RMED? NO (Stole) deceased above ate signed



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O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page	may be retained by the hospital ar attending physician.	40	page 3 Andeld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages	

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ng physicion and campletely filler of by the funeral director.	should be filed	1
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	is been signed by the attending physicion and campletely filled to by the funeral director.	al-transit permit. Then please remove carbon papers. Pages 4 2 should be filed with	
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VS A15 (4) 15M 9/55	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12724

CERTIFICATE OF DEATH

Rog. Dist. No. 12717

1. PLACE OF DEATH					2. USUAL RESIL	DENCE (Wh	ere deceased	lived. If institut		e before ad	imission)
	ontgomery		M	ARYLAND		Mary	land	B. COUNTS		gome	ry
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF ST	TAY IN 1b	c. CITY OR 1			ote limits, write f	URAL ond gi	ive negrest	town)
RURAL ond give	0.				X	Che	evy Ch	0000			
d. NAME OF HOSE	PITAL (If not in hospital, o	ive street	nddress)		AL STREET A		EVY OI	lase		la. IS	RESIDENCE
OR INSTITUTION	1						12	Channe	da .	0	N A FARM?
	Deleware		eet	·	002	o ne.		Stree	i.L	16:	s NO
3. NAME OF DECEASED	Fir	st	Mic	ddle	los	9	4. DATE	Mo		Day	Yeor
(Type or print)		TIME		C	LYD	DANE	DEATH	Nov	ember	r 21	19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED ENEVER MA	RRIED	B. DATE OF BIRTI	Н	9	. AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	INDER 24 HRS.
Male	White	WIDOW	DIVO	RCED 🗌	Dec. 2	. 188	33	74 yrs.	Months	Day's Ho	ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDU					12. CITI2	ZEN OF W	HAT COUNTRY
during most of we	orking life, even if retired)	Own bus:				gton.			IS	
Lawyer 13. FATHER'S NAME			OWIL DUS.	THES	14. MOTHER'S			D. 0.		70	
					14. MOTHER S						
	0 Lyddane					Maı	ry E.	Sceior	•		
15. WAS DECEASED EN	FR IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFORMANT			Add	ress		
No			None	C:	lara T.	Lyde	lane-v	vife-sa	me as	s 2d	
18. CAUSE OF D	EATH [Enter only one co	use per li	ne far (a), (b), ond	(c).]						INTERVA	L BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0	. <	400	K						ONSELA	AND DEATH
11201	DUE TO		7			1 .	1 1	-	-		10000
G-div			LITO	Muy	May	Lie	1 1	reli	an	170	nun
Conditions, if	immediate			-			wh	000	0	1	
couse (o), stotin	g the under- DUE TO	1		111	a Ta		Air	1000		10-	20 000
lying couse los	<u>.</u>) (c	, 0	Cova	7	, Com	76	xuae	ever		1/0	70
PART II. O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BU	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY ERFORMED?
3 493 XIE	Tlow	er	love	P	ren	no	ma				NO B
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y O EURRE	D. (Enter nature o	f injury in I	Part I or Part I	Il of item 18.)			
	JRY Month, Day, Ye	or 204 II	NJURY OCCURRED	20a PI	ACE OF INJURY (Home form	206 (City	as town)	16.	1	(Stote)
Hour o. m	. 10	While of wor	Not while	fo	ictory, street, office	bldg., etc.	.)	or rown)	(60	ounty)	(51016)
	that I attended the	dococe	ad from DA	ov.	19:46	1 . V	1011.7	-/ 1057	short I I		the deceased
	A AMI T direction tile	ueceus	- (/	-3							
alive an)	1000	, 19_	2_0_, and th	hat death	accurred at					e date s	
ACTUAL SIGNATURE	onlord	0	Kond	Pall	M.D. 363	6	16	et, city or town,	N.W	1 -	DATE SIGNED
PHYSICIAN'S NAME (Type)	ANFO	RS	J.	,	RAN	DAL	Ln	٥.			
220. BURIAL, CREMAT	ION, 226. DATE THEREC)F	22c. NAME OF C	EMETERY C	OR CREMATORY		22d. LOCATIO	ON (City, town,	or county)		(Stote)
REMOVAL (Specif	11/25/	50	Oak H		Gemeter	*7		shingto	,,	,	
23. FUNERAL DIRECTO	P'S SIGNIATURE	20	ADDRESS	TTT,	-emerer		D BY REGISTR		STRAR'S SIG		
			121121						when S.	11	
Robert	A. Pumphr	ey	Bethesd	a, M	aryland	DATE N	01503				

MARYLAND STATEDE ARTHURY OF HEALTH-BALTHMORE, ID

20 043 445	TE OF DEATH	TEL CERTIFICAT	
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Section 1 Section 1997			

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing to the comporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town town) Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing to the country of the country	TOITO		
ntrimery	MARYLAND		
de corporate limits, write town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write X Brookeville	
not in hospital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO

	a. COUNTY	10 atzimery	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If in b. CO		before odmiss	
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, write egrest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside X Brown	de corporate limits, w	vrite RURAL and giv		
)	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street a	ddress)	d. STREET ADDRESS				FARM?
	3. NAME OF DECEASED (Type ar print)	Walter	Marshall	MAGRUDER "	DATE OF DEATH	Month Vov .	- 1-	Year 1958
	s. sex Male	Wh. WIDOWEL		Aug 30, 1900	9. AGE (In last birth	d. A	YEAR IF UNDE	R 24 HRS. Min.
	during most of world	ON (Give kind of work done 10b. King life, even if retired)	Agriculture	Maryla	nd	12. CITIZ	L S	COUNTRY
	Walter	Marion Magn	uder	Clara A	valon W	alker		
	(Yes, no. or usunown)	R IN U. S. ARMED FORCES? 16. S (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 3-34-5144	Mrs Devisy Ma	gruder	Brooke	ille,	me
		mmediate (refor (a), (b), and (c).]	Inanit Lympho save	ion		INTERVAL BE ONSET PAND	
	PART II. OTH	HER SIGNIFICANT CONDITIONS CO LONIC Uring AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	ry Tract ;	IT NOT RELATED TO THE TERMINAL Line Line Line Line Line			19. WAS A PERFO	AUTOPSY RMED? NO
	20c. TIME OF INJUR Hour a. jr. p. m.	While	JURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	Of. (City ar town)	(Car	unty)	(State)
/	actual signature	at I attended the decease of 24, 1959		h occurred atN			date state	
	NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify) 23. FUNERAL DIRECTOR:	- VVAV-28.01	22c. NAME OF CEMETERY OF ADDRESS	DR CREMATORY 2220	LOCATION (Gity, to	awn, or county) Shury REGISTRAR'S SIGN	(State	

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CERTIFICATE OF DEATH

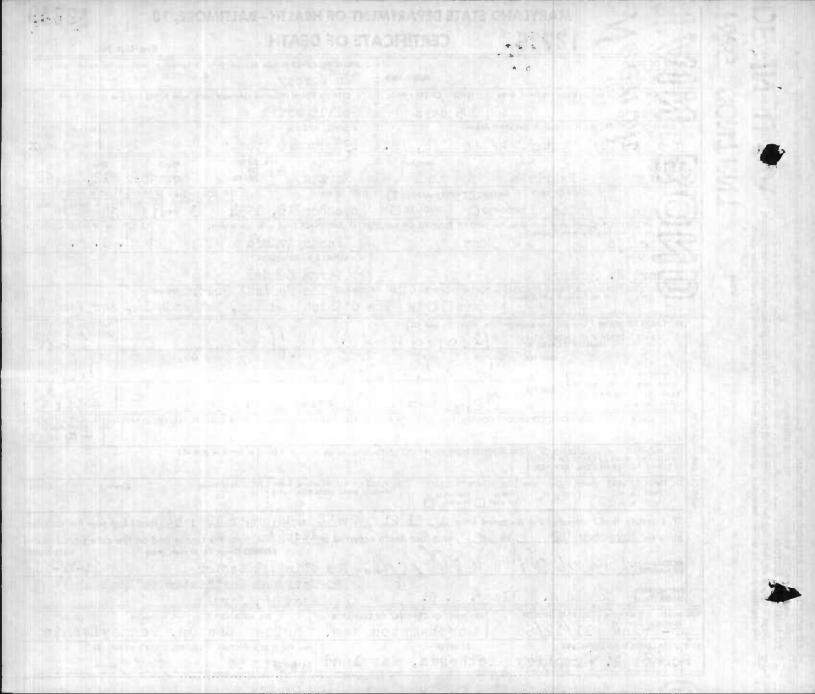
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Reg.	Dist.	No.			

1. PLACE OF DEATH o. COUNTY Montgome:	Ŋ		MARYLA	ND	2. USUAL RESIDE	rsey	ere deceased	lived. If instituti b. COUNTY	on: Residen	ce befare	odmissio	on)
b. CITY OR TOWN (RURAL and give n	If outside corporate lim	ils, write	c. LENGTH OF STAY IN	16	c. CITY OR TO	WN (If or	itside corpora	ote limits, write R	URAL ond	give near	est town)	V
Bethesda			205 days		Phillip		g		67)	(- 3	3	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADI	DRESS				e.	IS RESID	DENCE
The Clini	ical Center	, Bet	chesda 14, M	d.	138 Sur	mmit	Avenue				YES 🗌	
3. NAME OF DECEASED	Fic	rst	Middle		Lost		4. DATE	Mon	th	Day	Ye	eor
(Type or print)	Patric		Ann		Markus	5	DEATH	Nov	ember	12	, 1	958
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED		. DATE OF BIRTH		9	. AGE (In years				24 HRS.
		Min.										
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	CE (Stote o	r fareign cou	intry)	12. CIT	IZEN OF	WHAT (COUNTR
			lone		Penns	sylva	nia		U	. S.	A.	
13. FATHER'S NAME					14. MOTHER'S M	AAIDEN N	AME					
Albert E.	Manners											
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT The	e Med	ical R	Record	ress			
	(1. /c., g. c o. o. o		navailable	Th	e Clinica	al Ce	nter,	Bethesd	a 14,	Mary	ylan	d
gave rise to i couse (o), stating lying couse lost.	ony, which the under-	7	Erunclio Cefas Late CONTRIBUTING TO DEATH	PA	Chor	o Ca	ACEUE	EM CL CONDITION GIV	EN IN PART		PERFOR	
20a, ACCIDENT W/OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	URRED	(Enter noture of i	njury in Po	ort I or Port I	l of item 18.)				NO []
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20 Not while of work	e. PLA foct	CE OF INJURY (Ho pry, street, office b	ome, form, oldg., etc.)	20f. (City o	r town)	(0	County)		(Stote)
ACTUAL SIGNATURE		A .	Kellog	eath	occurred at 12 o. The Cl The Na	2:551 A linic ation	M, from DORESS (Sire al Cer	et, city or lown, nter stitutes	nd an th	le date	stated DAT 1-12	d abav
220. BURIAL CREMATIC							4, Mar					
Bur-Trans	4 4	8	Northamp			Shri	-	aston,		nsyl	(State)	
23. FUNERAL DIRECTOR			ADDRESS			4a. REC'D	BY REGISTRA		TRAR'S SIG			
Robles t (A	· Vumphre	y E	Bethesda, 1	Mar	yland p	VOMETA	1 3 '58	ant	hun & 9	Kraug		

the funeral director, 2 should be filed with executed within 24 hours after deoth: Page 4 the ottending physicion and completely filled. Then please remove carbon popers. Pages 1 event within 72 Arours after death. page 3 should be detached for use as the burial-transit permit. Then the registrar prior to burial, cremation, or removal, and in any event SIRECTOR: After this certificate has been signed by TO FUNER

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12727

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Montgome		,	MAR	YLAND	2. USUAL RE o. STATE Arka	SIDENCE (WI	here deceased	d lived. If in b. CO		n: Reside	nce befor	re odmis	sion)
b. CITY OR TOWN (I RURAL and give no	foutside carporote limi	ls, write	c. LENGTH OF STA	IN 1b	c. CITY O	R TOWN (IF	outside corpo	rate limits, v	rite RU	RAL ond	give neo	rest tow	n)
Bethesda			lo da	ys	Bau	cite		4	1-4	X	3		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	-	d. STREET	ADDRESS						e. IS RES	SIDENCE FARM?
	ical Cente	r, E	Bethesda 1	1. M	. Box	426		•					NO 🖾
3. NAME OF DECEASED	Fir	st	Middl	e		ast	4. DATE		Month	1	Do	у	Year
(Type or print)	Ane	tte	(no	ne)	Mc C.	ain	OF DEATH	No	ovem	ber	12		1958
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER												
Female	White	WIDOWI	DIVORC	ED 🔲	April	19, 1	951	7	yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU				ountry)		12. CI	TIZEN O	F WHAT	COUNTRY
Student	ing life, even if retired		None			Arka	nsas				II.	S.	Α.
13. FATHER'S NAME					14. MOTHE	'S MAIDEN I				-	-	5	
James W.	McClain						ita Or	onden					
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT I		dical		Addre	156			
IYes, no, or unknown)	If yes, give war or dates of s	ervice)	None								2./		
	TH [Enter only one co				The Cli	ircar	enter	, Beti	lesa	la 14		RVAL 8	
754, 2 Canditions, if a gave rise to in cause (o), stating lying cause last.	the under-	P. Var	elman triiler	Lep	hinge to de	enter bet a	tril	lene	dy	let	4	T L	٠.
CATIC	S UNDERLYING		CRISE HOW INJURY (D. (Enter nature					N IN PAI	RT 1(a) 1	PERFC	RMED?
U (IF EITHER, NOTIFY	CAUSE OF DEATH												
20c. TIME OF INJUR Hour a. m. p. m.	Manth, Day, Yea	While	Not while of work	20e. PL	ACE OF INJURY clary, street, off	ice bldg., etc	:.)				(County)		(State)
21. I certify the alive on NOV	at Lattended the ember 12	decease _, 19			2 , 1950	10:26		n the cau	ses an	nd on t	last so	w the	decease
ACTUAL SIGNATURE 7	allem	P.	Carrel	2	M.D	The (ADDRESS (SI	al Cer	ter]	1/1	3/58
PHYSICIAN'S NAME (Type)			nell, M.	D.			onal I esda l		ites Yla		Heal	th	
Bur-Trans	it 11/13/5		22c. NAME OF CEA	ETERY O	R CREMATORY			on, A		,,		(Stat	e)
23. FUNERAL DIRECTOR		- 4	ADDRESS			24a. REC'	D 8Y REGIST				GNATUR	E	
Robert A.	Pumphrey	-Bet	thesda, Ma	aryla	and	VOMA	1 4 '58						
						1.1501	7 30	16	Thu	8.4	7001		

ISTST BILDROWITH DA		MIZASOU BYATE OF	AFFRAM	
M. AR. SEL	10 30 30 31/	SECOND 1	as . y	
	15-16-16-16-16-16-16-16-16-16-16-16-16-16-	THE OWNER OF THE PARTY OF		
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RATACE THE RESIDENCE				
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Benton, Arangan			82 164 V21 9188	a marilia
	2.30	and Sethesde, Maryle	Pungarey	21000

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VS. AISME

5M 2/57

	1	2128 MI	DICA	LEXAMINER	JULKIII			DEAIII	Reg.	Dist. No	0.	
1.	COUNTY Mon	tgomery		MARYLAND	2. USUAL RESID			ed lived. If institu b. COUNT				
ь	ond give regrest town		le RURAL	c. LENGTH OF STAY IN 16	c. CITY OR 1			porote limits, write	RURAL of	nd give r	nearest to	/wn)
C		ban Hosp		pitol, give street oddress)	d. STREET AL 4308		ler	Drive			ON	A FARM?
	NAME OF DECEASED Type or print)	Naom		Middle A. •	McIlro	У	4. DATE OF DEATH	Mont	h	Doy 4		Yeor 19 58
5. 5	Female	6. COLOR OR RACE	WIDOWE	DIVORCED [-//	76		9. AGE (In years lost birthday) 82 yrs.	Months .	R 1YEAR Days	Hours	Min.
100	. USUAL OCCUPATION working most of working	ON (Give kind of work g life, even if retired)	done 10b. K	(IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (Stole	or foreign c	ountry)		IZEN O		COUNTRY
15.	Samue Was DECEASED EVI	L Gut	a hal		INFORMANT Ohn H.	ana McI]	la					r Dr.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MASSIVE Subarachnoid hemorrhage 5 hrs.											
Conditions, if ony, which gove rise to immediate couse (b) Old subdural hemorrhage						?						
	(a), stating the cause lost.	onderlying DUE TO	:}									
CATION	PART II, OTH	ER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO 1	HE TERM	NAL DISEAS	E CONDITION GIV	VEN IN PA		PERFO	AUTOPSY DRMED? NO
CERTIFIC												
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. UNJURY OCCURRED 20. PLACE OF INJURY (Home, form, Hour o. m. While Not while of work											
				remains described obcauses []. Accident				nspection []		, ,	-86-	nd in my
	ACTUAL FRANK J. Browheut M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED						SIGNED					
	EXAMINER'S NAME (Type)	HANK J.	Bro	osehzet			AL EXAMINE		11-	4-	58	
22c	BURIAL, CREMATIC REMOVAL (Specify)	11/7/58		Riverview				TION (City, fown, ingdon, IRAR 24b, REGI			(Slo	
	FUNERAL DIRECTOR Robert A.		v-Ret	ADDRESS thesda, Maryla								
1			A TO	micouu, mai yla	LILL	V(3)Ad	5 '58	1 Chil	w7. 2. 1	Tiraul		

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		This release when the same of	B6\1\11	Intrated
		ictheods, Maryland	. Fumparey-I	
IS Consideration				

Pag Dist No.

FOR STATE HEALTH DEPT

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O DEPUTY MEDICAL EXAMINER: This certificale shauld be executed within 24 hours ofter death. If any delay is necessary, please execute it certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shaul a forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. O FUNEKAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51 Board of Health, or its designated agent, priar to burial, cremation, ar removal, and in any eyent-within 72 hours ofter death.

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VS.	AISME
5N	2/57

		neg, biti. ive.				
1.	PLACE OF DEATH o. COUNTY 1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
1	Montgomery MARYLAND	o. STATE mel b. COUNTY monty				
1	b. CITY OR TOWN (It outside corporal limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Accrest town)				
L	Bethands 1 5 yrs	X Betherds				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
	7809 Stratford Rd	7809 Stratford Rd YES NO D				
3.	DECEASED Middle	Lost 4. DATE / Month Day Year				
-	(Type or print) Usean Mc In	tosta DEATH MOV 26 1958				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH 9. AGE IIn years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	male white WIDOWED DIVORCED	1-14-1884 74 70				
10	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)				
	rooting	md n.sa				
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
L	Charles No Sutvoh	anne Moulden				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address				
	10	B. Slass - Jan as Shin 2				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]						
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COORDING DO	Clusion suffer				
L	420, Due to Conditions, if ony, which) (b)					
H						
gave rise to immediate couse (o), stating the underlying DUE TO						
	couse lost.					
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
CATION		PERFORMED?				
		nter nature of injury in Part I or Part II of item 18.)				
CFPTIF						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
CHA	Hour o, m, P. m. 19 of work at work	pry, street, affice bldg., etc.)				
	21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , and in my				
	opinion death resulted from: Natural couses . Accident					
	ACTUAL TOUR TO BREEZE BOX T	M.D. CHIEF MEDICAL EXAMINER []				
	SIGNATURE STEELE JE I MARE TRAIL	ASSISTANT MEDICAL EXAMINER [7]				
-	EXAMINER'S FLANK J. Broschert	DEPUTY MEDICAL EXAMINER DE 11-26-58				
2	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or county) (State)				
	Burial 11/29/1958 Rock Creek	Cemetery Washington, D.C.				
23	3. FUNERAL DIRECTOR'S SIGNATURE 2901 ADDRESS ST.	N . W . 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
	The S.H. Hines Co. Washington 9,	D. C. DATHOV 2 8 '58 arily & thous				
Earlin						

HUARD HE REALESTEELE SELVIM A.M. GADARIANAGA The second secon



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12730 **CERTIFICATE OF DEATH**

	2 4 6 72						was. Dist. I	10.
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (W	here deceased liv	ed. If institution b. COUNTY	: Residence b	efare admission)
Montgom				Virgi			Alexand	
b. CITY OR TOWN RURAL and give	(If outside corporate lim	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RUI	RAL ond give	nearest town)
Bet-hesd:			379 days	Alexa	ndria	8	3x-3	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, s	give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
The Cli	nical Cente	r, Be	thesda 14.Md.	407 J	ames Dri	ve		YES NO
3. NAME OF DECEASED (Type or print)		Ladv	Middle Vera	McInturff	4. DATE OF DEATH	Month Nove		Day Yeor 26. 19 58
5. SEX	6. COLOR OR RACE	7	RIED NEVER MARRIED	B. DATE OF BIRTH	9			AR IF UNDER 24 HRS.
Female	White	WIDOWI		March 24, 1	904	ost birthday) 54 yrs.	Months Day	ys Hours Min.
On. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU			7)	12. CITIZEN	OF WHAT COUNTRY
Housewit	rking life, even if retired)	None	Virgin	10		17	.S.A.
3. FATHER'S NAME	. 6	-	Hone	14. MOTHER'S MAIDEN			0	en eu e
Robert			1.5	Grace INFORMANT The Me	rayLor	A A 334		
	ER IN U. S. ARMED FOR							
No		1-1-1	None	The Clinical	Center,	Bethesda	a 14, 1	Maryland
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]	A .	0		111	NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:		Bleedine	gaxleric	ula	erx.	0	INSET AND DEATH
20113	DUE TO							00 00,00
6. 100			Proto Wi	12 hanguin	114 0	01040	11110	IUS.
Conditions, if	immediate (,	cease ru	jewyno	ay ~	20070	7000	1 10
cause (o), stating	the under- DUE TO)		0				
lying cause lost	, ,	:)						
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(0	19. WAS AUTOPSY PERFORMED?
3								YES NO
PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II	of item 18.)		
	RY Month, Doy, Ye	0. 204 1	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m 1205 (City and			
20c. TIME OF INJU		While	Nat while to	ctory, street, office bldg., et	m, 1207. (City or	town)	(Coun	nty) (Stote)
p. m.	19	of wor	k ot work					
21. I certify t	hat I attended the	deceas	ed from November	12, 1957 to N	ovember	26,10 58	that I last	saw the decease
	vember 26 .	, 125	8 and that death	occurred at 9:20	23			date stated above
0	11 0/1	0	An	r occorred di		, city or town, st		DATE SIGNE
ACTUAL _/	In sald	()	(Whorman	The CT4	nical Ce		oici	11-26-58
SIGNATURE	Jacqua	(0)	- Che mace C					
PHYSICIAN'S NAME (Type)	Harold R. Si	ilber	man, M. D.		l Instit		Healt	n
20. BURIAL CREMATI	ON, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY C			V (City, town, or	county)	(Stote)
REMOVAL (Specify	12/1/58		Arlington N		Arlin		county)	Va.
						0		
23. FUNERAL DIRECTO	/		unning fam Fune	ral Home 240. REC	D BY REGISTRAR	24b. REGIST	RAR'S SIGNA	TURE
WI I DECEMENT	Mountans	A	lexandria, Va.	DATER	EA 4 158	0.1	1 9 31	

VS A15 (4) 15M 10/57

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And Balance				

12724

	12010	CERTI	FICATE OF	DEATH	Reg. (Dist. No.
1. PLACE OF DEATH	VIANMINU	MARY	A STATE	SIDENCE Where deceased I	ived. If institutions Resid	dence before admission)
Japan	(If pyriside corporate limits, wr leavest layri)	1 week	IN 16 c. CITY OF	arkershing.	to limits, write RURAL on Weel UNA	d give nearest fown) Will 47X
d. NAME OF HOSPI OB HISTITUTION 517	TAL (If not in hospital, give at		d. STREET	ADDRESS 7th Se	reel	IS RESIDENCE ON A FARM? YES
3. NAME OF DECEASED (Type or print)	MAT	TIE ME	PANCIS !		november/	Day Year 7, 1958
Femile	White wio	MARRIED NEVER MARRIE	a arear	121, 186/	lost birthdoy) Months	
BORVIY B	ON (Give kind of work done king life, even if reflect) Walley of Killburg	Boxley	- COLE	V Vergens	ntry) 12. (U. S. COUNT
13. FATHER'S NAME	Shingleton			'S MAIDEN HAME U	nknown	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give were or dates of service)	16. SOCIAL SECURITY NO.	MAS PRICE	ired Grogg	, 9922 Be	a an. SS. no
	ATH [Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (0), (b), and (c).	Il obstr	nation gar	tiel	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	any, which) (b)	Cholier	titis			zus
gove rise to cause (a), stating lying couse last	the under- DUE TO	Consu.	fthe L	breast		20
PART II. OT	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISEASE O	CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING [] 20b. G [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (Enter noture	of injury in Port I or Port I	l of item 18.)	
20c. TIME OF INJU Hour a.m. p. m.	, W	Od. INJURY OCCURRED /hile Not while wark Ot work	20e. PLACE OF INJURY foctory, street, off	(Home, form, ice bldg., etc.)	r town)	(County) (State
	hat I attended the dec	.5		5, ta_ ///]/		I last saw the decea
ACTUAL SIGNATURE	见相外	Ch			et, city or town, state)	PATE SIG
PHYSICIAN'S NAME (Type)	Chas. H.	WOLOH	1 IV	Wash	motor o	b6
220. BURIAL, CREMATION SENIOVAL (Specify	ON, 226. DATE THEREOF	8 Odd Fillia	TERY OR CREMATORY	Tayen	ON (Gity, town, or county	Weel Virgin
J. PUNERAL DIRECTO	r's signature	ADDRESS 254 Carrola	se molto	240. REC'D BY REGISTRA	1// ~ .	SIGNATURE S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 n by the funeral director, may be retained by the haspital or attending physician.

TO FUNA AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page at value of the order of the page at the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12731

CERTIFICATE OF DEATH

Reg. Dist. No. 12725

1. PLACE OF DEATH o. COUNTY	Montgomer	У	MARYLAND	2. USUAL RESID	Maryla		If institution COUNTY	Monta		
b. CITY OR TOWN (III RURAL ond give ne SILVER	outside corporate limit prest town) pring	c. LENGI	TH OF STAY IN 16			ide corporate line. S11			nearest town)
d. NAME OF HOSPITA OR INSTITUTION 607 MLd]	AL (If not in hospitol, gi	ve street oddress)		d. STREET A		nd Roa	d			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Charles	-	Middle M	ercogli		DATE OF DEATH NO	Month Ovembe			Year 19 58
5. SEX male	white	7. MARRIED NI WIDOWED [DIVORCED [May 8,	1920	11 14		Months Doy		R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work ASS to Chie	ON (Give kind of work ding life, even if retired) Teching	of This of This of Progr	BUSINESS OR INDI I AL Reve	Wab.	hing to	111,00		U.S	OF WHAT	COUNTRY?
Angelo M	Mercoglian	10		L	illiar	n Ricc:	1			
15. WAS DECEASED EVER	RINU. S. ARMED FORCE	(ES? 16. SOCIAL SE (vice) 579-0		Mrs. Ca	rol J.	Merc	Addres ogliar		ame #	2
	nmediate (1 :	copliar	nger	o Ca	Cuit	ma).	0	NTERVAL BET	DEATH
200. ACCIDENT WA	☐ CAUSE OF DEATH I	OITIONS CONTRIBUT	blisew	in (Ke	caled)			N IN PART 1(o)	19. WAS A PERFO YES [AUTOPSY RMED? NO
20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	While Not	CURRED 20e. P	LACE OF INJURY (I	Home, form, a bldg., etc.)	20f. (City or low	/n)	(Count	(עו	(Stole)
actual SIGNATURE	or I attended the Thou I Moving Umas I	1000	May and that deat garly	M.D	730 Add	DRESS (Street, ci	Causes an	ote)	date state	ed abave
220. BURIAL CREMATION REMOVAL (Specify) Burial			ME OF CEMETERY		20	d. LOCATION (C	-		(Stote	
The S. H.	W 0 0 00	29 or	ington	., N.W.	24a. REC'D B		24b. REGISTI	RAR'S SIGNAT	TURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12732

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH		O AMERICA DESCRIPTION OF THE				
Montgomery	MARYLAND	o. STATE Maryland	here deceased lived. If institution by COUNTY MONTE	on: Residence	before admiss	sion)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Bethesda (Rural)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write F	URAL and giv	ve nearest town	n)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION U. S. Naval Hospital		d. STREET ADDRESS	ley Street			FARM?
3. NAME OF First	Middle	Last	4. DATE Mor	al.	1	Year
(Type or print) Carel	Hasson	MILLER	OF	mber	/	19 58
5. SEX 6. COLOR OR RACE 7. Caucasian W	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-26-99	9. AGE (In years last birthday) 59 yrs.		YEAR IF UNDI	Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife		STRY 11. BIRTHPLACE (State	ar foreign country)		EN OF WHAT	COUNTRY
13. FATHER'S NAME		Min		<u> </u>	S.A.	
John HASSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES	50 114 50 5141 57 51 517 417 117 117	Josephine				
(Yes, no or unknown) Yes WWI	ce)		Miller, same		above	
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]				INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Infarction, myoca	ardium			ONSET AND	DEATH S.
260X DUE TO	7					
	Diabetes, mellit	ne			32 y	P.S
gove rise to immediate (Diago de By Molifica	a D			32 3	
cause (a), stating the under- (H-mothemoidiem					
	Hypothyroidism	NOT BELATED TO THE TERM	INIAI DISEASE CONDITION ON	IFAL IN LOADY	1 120 1146	ALIZORCY
PART II. OTHER SIGNIFICANT CONDIT	TOTAL CONTRIBUTION TO DEATH BUT	THO I RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PARI	PERFO	RMED?
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)			
Haur o. m. 19	While Nat while far work at work	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc	c.)		unty)	(State)
21. I certify that I attended the dealive an November 25		accurred at 1:55	PM, from the causes of	and on the		
Omas de			ADDRESS (Street, city or town,		D	ATE SIGNED
SIGNATURE TO MAN	ing	M.D. U. S. N	aval Hospital,	NNMC	11-:	25-58
PHYSICIAN'S J. M. XOUNG	, LT, MC, USN	Bethesd	a 14, Maryland			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	ar county)	(Stat	e)
Burial 11-28-58	Arlington 1	National	Arlington	Vi	rginia	
23 funeral director's signature. R. A. Pumphrey Duneral Ho	ADDRESS	240. REC	D BY REGISTRAR 246. REGI	STRAR'S SIGN	IATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUN. 1 DIRECTOR: After this certificate has been signed by the attending physician and completely fills page to should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death. VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

MARYLAND S	STATE DEP	ARTMENT	OF HEALTH-BALTIMORE,	18
11	. Am 9 H'1	lim Gフムケー	1-/-58 et	

CERTIFICATE OF DEATH

12728 Reg. Dist. No.

12733	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTOOMER	\/ MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution of the country o	on: Residence before admission) MONT 90M PR 11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OU	riside corporate limits, write R	URAL and give hearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION SUBURBA	et address)	d. STREET ADDRESS.	UISCONSIN	Ave e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) DAVId	Middle	MIIIMAN	4. DATE Mor OF DEATH NO	1 1258
MALE WHITE WIDOW	WED DIVORCED	8. DATE OF BIRTH APRIL 61	886 7 AGE (In years 7 Ags birthday) 7/ B yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)	Leffee Carre	in RUSAI	A	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MYER MII	IMAN	RACH Q	21 UNKA	lown.
15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? (Yes, no, or) inhown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	18. Aaron 7	Millon	(4000 mass as
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c)),	o Cenadala	n Jachino	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate case (a), stating the under-	ryocadis	I infa	iction.	3hrs.
lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PERFORMED?
-	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of item 18.)	YES NO
Hour o. m. Whi		ACE OF INJURY fHome, form, ctory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that attended the decedative on 19	1			Sthat I last saw the deceased and an the date stated abave. STOTE SIGNED
PHYSICIAN'S NAME (Type)				
220 BURIAL CREMATION, 23b. DATE THEREOF 25 19 58	King David	nom Garden	7 Tolls C	STRAR'S SIGNATURE
B. Danzansky & Sons	3501-14 St.74	V. D. LC. DATE	ALL ET 100	Lithur S. Krous

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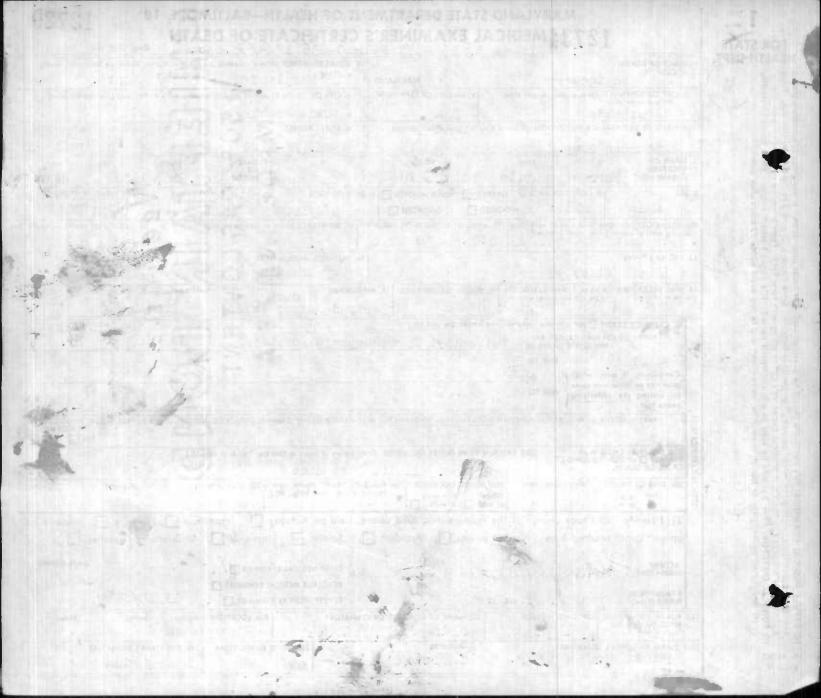
FOR STATE HEALTH DEPT.

ay is necessary, please all director. Page of far your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute, the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fur 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be recovered. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

STATE		AL EXAMINER'S	NT OF HEALTH—BA CERTIFICATE OF Im G=236 12/4/58		12729
H DEPT.	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND		sed lived. If institution: Residence be b. COUNTY Montg	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16		porote limits, write RURAL and give	nearest town)
99	d. NAME OF HOSPITAL OR INSTITUTION (If not in he Suburban Hosp.	ospilat, give street/address)	9. STREET ADDRESS Md. R - 124		o. IS RESIDENCE ON A FARM? YES NO TO
er deott	3. NAME OF DECEASED (Type or print) Forrest Tuttle	Miner MINOR	Lost 4. DATE OF DEATH	Month Doy Nov. 15, 1958	Year 19
\$ OF	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER TYEAR Months Days	-

	Bethesda	DOA .	X Gaithers	burg				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	sitat, give street?address)	d. STREET ADDRESS				e. IS RESIDENCE	
	Suburban Hosp.		Md. R -	124	12/4/2		YES NO	
3.	NAME OF DECEASED (Type or print) Forrest Tuttle	Miner MINOR	Lost	4. DATE OF DEATH	Nov. 15		Year	
5.	SEX 6. COLOR OR RACE 7. MARRIET	NEVER MARRIED	DATE OF BIRTH		9. AGE (In years feet birthday)	IF UNDER TYEAR	IF UNDER 24 H	25.
	male white widowed	DIVORCED [6/4/1903		55 yrs.	Months Days	Hours Min.	
10	during most of working life, even it retired) ACCO INTERNITY OF STREET STREET		TRY 11. BIRTHPLACE (Stote	or foreign (country)	12. CITIZEN OI	WHAT COUNT	RY7
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			0.7%	
1	Elbert Miner Minor		May Breedi	ng				
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s os. no. er unknown) 10 yes. give wor or doles of service) 11 yes. give wor or doles of service) 12 yes.	10	NFORMANT Minor rtrude Miner	(wife	Address 1 Ite	em 2		
	18. CAUSE OF DEATH [Enter only one cause perline]	or(a), (b), and (c).]	11111			INTER	VAL BETWEEN	
â	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tota	raethyl Pyroph	osphate Poisc	ning		- is.	hr.	
1 1	971.8 DUE TO							
	Conditions, If ony, which) (b)							
	gove rise to immediate couse (a), stating the underlying couse fast. (c)	•						
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV		PERFORMED?	
100	Tarvell	HOW INJURY OCCURRED. (14 OZ. Kilmite		1 or Part II	of item 18.)		La Title	1
MEDICAL	20c, TIME OF INJURY Month, Doy, Yeor 20d. IN White p. m. 19 of wor	NJURY OCCURRED 20e. PLA Not while t of work fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (Cit)	or town)	(County)	(State)
	21. I certify that I taak charge of the re	emains described abo	ive, held an Autopsy	, I	nspection .	Inquiry 🔂	, and in m	19
	opinian death resulted fram: Natural co	ouses . Accident], Suicide], H	lamicide	. Undeter	rmined manne	r \square	
	ACTUAL SIGNATURE Frank J. Broschar NAME (Type) EXAMINER'S Frank J. Broschar	rhart	M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINE		/15/58	DATE SIGNED	
22		22c. NAME OF CEMETERY OR			TION (City, town, o		(State)	=
	11-19-58	Arlington I			in ton	7.7	(Stole)	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGIST		TRAR'S SIGNATUR	E	-
h _	Ernest C. Carther. Gu	ithersburg.	1.d. 1100/1	8 '58	arthur	S. Kraus		
								-



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12.730 Items 7, To, 1	4 Fil	mGZ 36 11-2	8-56 e	6	Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceas	sed lived. If instilled b. COUNT		ence bef	are odmi	issian)
Montgomery	ARYLAND	1 STATE		B. COONT	1			
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest lown) Bethesda 6 hrs		c. CITY OR TOWN (I	If outside corp		RURAL on	d give n	earest ta	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd	(dress)	d. STREET ADDRESS		· no sc			ON	ESIDENCE A FARM?
6302 Hollins Dr.		! *					YES [NO
3. NAME OF First Middle (Type or print) Samuel Edward Mon	rthy	Last	4. DATE OF DEATH	Nov. 14.	1958	Doy		eor 9
5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MAR	RIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
male col. WIDOWED DIVORCI	ED	4/6/1910	- 73	last birthday) 48 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (during most of working life, even if retired) 1aborer	OR INDUSTR	NT CL	or foreign c	ountry)			TAHW	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	mie		ISA		
Unknown		Unknow	n					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. IN	FORMANT		Address				
PART I. DEATH WAS CAUSE BY: Coronary							ıddeı	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	EATH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR			RMED?
	CURRED. (En	nter nature of injury in Pa	ert I ar Part II	of item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of work of work		E OF INJURY (Home, for ry, street, office bldg., etc	m. 20f. (City	or lown)	(Co	unty)		(State)
21. I certify that I took charge of the remains describ	bed abov	re, held on Autop	sy 🔲 , li	nspection .	Inqui	ry 🔂	an	d in my
opinion death resulted from: Natural causes , Ac	ccident [, Suicide ,	Homicide	, Undete	rmined	manne	r 🗆	
SIGNATURE Back & Brownhout		_M.D. CHIEF MEDICAL E	XAMINER				DATE S	IGNED
EXAMINER'S NAME (Type) Frank J. Broschart		DEPUTY MEDICAL		/	17/58			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22C. NAME OF CENTREMOVAL (Specify)	METERY OR	erematory-	22d. LOCA	TION (Cily, lown,	or county)		(State	n)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	0		D BY REGIST		STRAR'S SIG			
Darring January		DATEVIC	DV 2 1 '5	O Civi	and 8	Hau.		

FOR STATE HEALTH DEPT.

ay is necessory, please nerol director. Page ned for your files. within 72 hours ofter death DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deleaced the certificate, writing the word "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the faster the faster of the faster of the certificate to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be to be the faster of the control of the certificate to the control of the certificate to the control of the certificate to the certificate the certificate to the certificate to the certificate to the certificate the certificate the certificate to the certificate the TO DEPUTY MEDICAL EXAMINER: This TO FUR

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12732

Reg. Dist. No.

	1, P	COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	montagnery MARYE	LAND.	a. STATE In a b. COUNTY montes
	b	CITY OR TOWN If outside conforate limits, write JUPAL c. LENGTH OF STAY II and give accress fown	N 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
		Marthe & 3 um		X Gatherstone
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give greet address,)	d. STREET ADDRESS . IS RESIDENCE
3	_	103 Hutter St		103 Hutton St YES NO E
	3. P	NAME OF First Middle		Last 4. DATE Manth Doy Year
		Type or print) Morreta Ludwic	12	weller DEATH now 29 1958
	5. S	EX 6. COLOR OR RAGE 7. MARRIED A NEVER MARRIED	8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
		male whit WIDOWED DIVORCED		4-30-92 66 yrs. Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II uring most of working life, eyen if retired)	NDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	1	nahemal Eng. U.S. Gov	,	Utah u.s.C.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
		Michael Mueller		hate Malker
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no. or unknown) Illy yes, give wor or dotes of service)	-0	FORMANT Address
			Ce	celia Muella (wife) Itim 2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	3	colusion sudden
		420.1 DUE TO		
		Canditions, if any, which) (b)		
		gave rise to immediate cause (a), stating the underlying DUE TO		
		cause last. (c)		
	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
0	3			YES NO X
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING	RED. (En	ter nature of injury in Part 1 or Part 11 of item 18.)
		CAUSE OF DEATH.		
	MEDICAL		e. PLACI	E OF INJURY (Home, form, 20f. (City or town) (County) (State) y, street, affice bldg., etc.)
	MEC	Haur o. m. While Not while of work 19		
		21. I certify that I taak charge of the remains described	abov	e, held an Autopsy , Inspection , Inquiry , and in my
		opinion death resulted from: Natural causes (x). Accid	ent [, Suicide , Hamicide , Undetermined manner
		0-110		
		SIGNATURE Trans 1. Droschart	£	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
5		= 1		ASSISTANT MEDICAL EXAMINER
K		EXAMINER'S FLANK J. Broschz	mt.	DEPUTY MEDICAL EXAMINER DA 11- 29-58
	220.	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
	Co	umation 12-1-58 Rolletin	2000	n Bladwyburg-) ucl-
	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	fre	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	0	men 6 /- James		DAMPER 2 '58 Outling & Kraces

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be refused by the hospital or attending physician.

For Null RECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of the registrar prior to burial, cremation, or removal, and in any event within 72 have after death. TO FUNER

TO HOSPITA VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12737

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH a. COUNTY Montgomer	V	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland		If institution: Res	idence befo	ore admission)
	(If outside carparote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	nits, write RURAL	and give ne	arest town)
Bethesda	4	4 days	Lexington	Park	18 x	2.	110
d. NAME OF HOSP	ITAL (If not in hospital, give street		d. STREET ADDRESS				e. IS RESIDENCE
U. S. Nava	al Hospital		124 Anders	on Court			ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Do	ay Year
(Type ar print)	Blain	Allen	MUMBY		November	4	1958
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH				IF UNDER 24 HRS.
Male	White widow	ED DIVORCED	10-31-58	iosi	yrs. Mont	lhs Days	Haurs Min.
100. USUAL OCCUPAT	ION (Give kind af wark dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12	CITIZEN C	OF WHAT COUNTRY
None	raing life, even if retired)		Rethesda	, Maryland	3 1	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			U. U. A.	•
Donald C.	MIMRY		Patricia /	ATTOM			
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	NFORMANT	HILLEIN	Address		163
NO NO	(If yes, give war or dates of service)						Md.
	W	None (F) Donald C. 1	Mumby, 124	+ Anderso		
	ATH [Enter only one couse per li	ne for (a), (b), and (c).]	11			INT	ERVAL BETWEEN
PARI I. DE	IMMEDIATE CAUSE (a)	galine member	ane disease	ALT LA			
113.5	DUE TO A	7					
Canditions, if	any, which) (b) In	ematunty					
gave rise to	immediate Dur TO	1					
lying cause last	the Under-						
	ther significant conditions	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERM	INIAI DICEASE CONT	OLTIONI CIVENI INI	DART 1/-1 3	VAC ALITORY
OT THE STATE OF	THE STORM FOR THE CONDITIONS	BOT DEATH BOT	NOT KELATED TO THE TERM	MAL DISEASE CONL	DITION GIVEN IN	PARI I(a)	PERFORMED?
2							YESX NO
PART II. OT	G CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of it	rem 18.)		
	Y MEDICAL EXAMINER)						
20c. TIME OF INJU			ACE OF INJURY (Home, formatory, street, affice bldg., etc.	n, 20f. (City or tow	n)	(County)	(State)
P. m.	10	k ot work	ciory, sireer, drines blog., etc	"			
21 1 continue	hat I attended the deceas	od Good October 3	1 1958 to Nov	rember 4	· 58 ·		
	and the second s						aw the deceased
alive on NOV	rember 4 , 195	$Q_{,-}$, and that death	occurred at 6:40			n the da	
ACTUAL	01-1111	1		ADDRESS (Street, cit			DATE SIGNED
SIGNATURE	Mini Watt	**************************************	M.D. U. S. Nav	ral Hospit	al, NNM	2	11-5-58
PHYSICIAN'S	TT T IVAT MONT						
NAME (Type)	H. L. WALTON,	LT, MC, USN	Bethesda	14, Maryl	and		
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, tawn, or caun	nty)	(State)
REMOVAL (Specify Burial	11-7-58	Arlington Na	tional	Arlingto		Virgi	
23 JUNERAL DIRECTO	S SIGNATURE	ADDRESS Be the sd			24b. REGISTRAR'S		
R A Dimol	rev Funeral Hom		1 110		arthur	- 4 -	
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and action of management of continue bulleting	D FUNT AL DIRECTOR: After this certificate has been signed by the attending physician and completely fin by the funeral director	pages and be detached for use as the burial-transit permit. Then please remove carban papers. Pages Fond 2 shauld be filed with	the registrar priar to buriol, cremation, or remaval, and in any event within 72 hours after death.	
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executed within 24 hours after death.

requires that the death certificate be

ATTENDING PHYSICIAN:

HOSPITAL OR

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VS A15 (4)

ISM 10/57

12738 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery b. COUNTY MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 Olney Germantown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION RFD ON A FARM? Montgomery Co. Gen. Hospital YES NO NAME OF NEEL Last 4. DATE Month Year DECEASED EVA H. 19 58 November 25. (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) Aug. 15, 1893 Female White Hours Min. WIDOWED F DIVORCED T 65 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Store Keeper Groceries Maryland US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Houck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 306 Dogwood Drive [Yes, no Whoman) Rodney M. Thompson-Gaithersburg, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). 20.1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATIO PERFORMED? YES NO R 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 2:40 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S Frederick Ave., Gaithersburg, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Bay arcify) 11/29/58 Neelsville Neelsville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Culiny S. Thank Robert A. Pumphrey-Bethesda, Md. DATE NOV 2 8 '58

CENTRICATE OF DEATH ACTION OF THE CONTRICATE OF					
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House, C. I. 1-21 178 N. Frederick Avg., Chilbertsbury, Maryland		(opinw.	Coloro (C)
Rodney M. Hompson-Catheryan, M. Hompson-Catheryan, M. M. Hompson-Catheryan, M. M. M. Hompson-Catheryan, M.		bnaveli	29/190020	2505	ow willie
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Burdar W 11/28/50 Neelsville Neelsville, Muryland	ereburg, Maryland	MileDgv/ Molin			
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obert A. Franghrey-Bathoada, Md.			athosda, Md.	B-residence	A riodo

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, d 2 shauld be filed with

TO may be

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	12739		CERT	IFICAT	E OF [DEATH			Reg. D	ist. No.	215	
1. PLACE OF DEATH C. COUNTY Montgomer	У		MAR		usual Resi o. STATE Minne s		ere deceased	b. COUNTY	on: Reside	nce befor	re odmis	sion)
	f outside corporale lim	its, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR	TOWN (If or	Ilside corpo	rote limits, write R	URAL and	give neo	rest tow	n)
Be the sda	(Rural)		71 days		Minnea		60%	,	1 X .	-		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET A	dia .					e. IS RES	SIDENCE
U.S. Nava	l Hospital				1937 C	ounty	Road	"H"		-		NO X
3. NAME OF DECEASED (Type or print)		rst	Middle Alfred	e	Los ELSON		4. DATE OF DEATH	November		27		Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED X B. D	ATE OF BIRT	н		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
Male	White	WIDOW	DIVORCE	ED 🗆 8	-30-40)	7.00	lost birthday)	Months	Doys	Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS				or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
U.S. Navy	king life, even if retired		U.S. Navy		Minn	esota				U.S		
13. FATHER'S NAME			O.D. Hav	1	4. MOTHER'S		AME			-		
Richard T.	MET SON				Ecto	r VERI	HAT ST					
IS. WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	D. 17. INFO		T ATM	TOTTOT	Add	ress			
Yes, no, or unknown)	3-58to11-2	service)	47 5 44 306			Richar	rd T.		(Same	9.5	112)	
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PART II. OTH) (i		CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		CRIBE HOW INJURY O		OF INJURY ((County)		(State)
ZOC. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while	foctory	, street, office	bldg., etc.)				Coomy		(Store)
actual Russignature Russignature		125 V, V	ond that	deoth oc	U.S. N	8:40P	M, fram DDRESS (SI HOSPI	the couses of reet, city or town,	ind an i	he dat	te state D a Ma	ATE SIGNED
220. BURIAL, CREMATION			22c. NAME OF CEM					tal, NNMC		esua		
REMOVAL (Specify) Burial	12-2-58		Sunset Me					eapolis l			(Stot	e)
23. FUNERAL DIRECTOR'S	1 14 11111	748 W	ADDRESS isconsin A	ve.Was	h D.C.	240. REC'D DATE	0 15		thung S.			

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	n by the funeral director.	hd 2 should be filed with		-
may be (elained by the hospital or diffending physician.	TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled no the funeral director.	page mould be detached for use as the burial-transit permit. Then plays recover carbon papers. Pages and 2 should be filed with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	

L	12740 CERTIFIC	AIE OF DEATE		Reg. Dist.	No.	
1	PLACE OF DEATH o. COUNTY MOST + gomeny MARYLAND	2. USUAL RESIDENCE (Who o. STATE	regland	SOUNTY ME	ntgom	100
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	X. Chevy	utsido corporate lim	se male RURAL and glv	re negreta town)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Ou Burbane	d. STREET ADDRESS	Tur	cerhan	e. IS RESIDENC ON A FARM YES NO	17
3	NAME OF DECEASED (Type or print) Navgasef Middle	O Commor	4. DATE OF DEATH	Month Sad,	Day Year	58
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6/25//	9011 5	According to the second	YEAR IF UNDER 24 H	
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	Choesis	6 are	12. CITIZ	CL. S.	ITRY?
	FATHER'S NAME OCCUPY Sidney arthur	14. MOTHER'S MAIDENAN	EB &	Lullen		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant tencis/6 Con	now (Her	Address bond 34	17 Turner	2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Studiation	aveinem +	7.		ONSET AND DEAT	H
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Long Jules	lux		6 M.W.	74)
MOUTA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	NOT RELATED TO THE TERMIN	NAL DISEASE COND	DITION GIVEN IN PART 1	(o) 19. WAS AUTOP PERFORMED? YES NO	?
CEDTIE	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in P	ort I or Port II of it	em 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work 19 of work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.	20f. (City or town	n) (Co	unty) (Sto	ole)
	21. I certify that I attended the deceased from alive an 1958, and that death actual signature a common of the com	1 11 1		y or town, stote)		ove.
	PHYSICIAN'S LEU I DONGVAN M. E.					
2	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Burial 12/3/58 Mt. Olivet	OR CREMATORY		gton, D.C.	(Stole)	
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Md.	24o. REC'D	2 100	246. REGISTRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12741 CERTIFICATE OF DEATH

Reg. Dist. No. 12737

1. PLACE OF DEATH a. COUNTY	Montgomerv		MARYLAND	11	a. STATE		ere decessed land	d lived. If institu b. COUNT	Υ			
b. CITY OR TOWN	(If outside corporate limi		c. LENGTH OF STAY IN 16	,				rate limits, write	RURAL ond	ntgo	rest low	n)
RURAL and give	Chase		50 years	X	,		Chase					
d. NAME OF HOS	PITAL (If not in hospital, o	ive street			d. STREET ADDR		onase	,			e. IS RE	SIDENCE
OR INSTITUTIO	Ridge Stre			1	1,1,20) D.	4.3.00	Ctmoot			ON	FARM?
3. NAME OF	Fig Stre		Middle			1 1		Street				R
DECEASED (Type or print)				149	Last		4. DATE OF DEATH	Mo	onth	Do	У	Year
5. SEX	EUGE		H _		O'NEAL		DEATH	Nov		217240	15 110 150	1958
			RIED NEVER MARRIED		ATE OF BIRTH		- 0	9. AGE (In years last birthdoy)	Months	Qays	Hours	ER 24 HRS. Min.
Male	White	WIDOW				22,		86 yrs		15		
during most of w	TION (Give kind of work grking life, even if retired] _	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE	(Stote o	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
Retire	d	E	Engineer		Maryl	Land	d			USA		
13. FATHER'S NAME				14	MOTHER'S MAI	IDEN N	IAME					
Hilla	ry O'Neal				Eli	Lzal	beth	Relay				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR					dress			
NO NO	(If yes, give war or dates of s	57	8-07-5302 N	Mrs	. Hazel	L R	Howe	ll-dau	ghter	r-se	me	as 2
420	DEATH [Enter only one content was Caused BY: IMMEDIATE CAUSE (o	. (Marini (c).	h	Mosi	1				ONS	ET AND	DEATH
Conditions, if gave rise to cause (a), statis lying couse los	immediate DUE TO		Congester	u x	Fent.	00	alund	*		3	71	37
CATIC			CONTRIBUTING TO DEATH BI						VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter noture of inju	ury in P	ort I or Part	I II of item 1B.)				
20c. TIME OF INJ Hour o. n p. n	10	or 20d. If While of wor	_ Not while _	PLACE (foctory,	DF INJURY (Home street, office bld	e, form, g., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify	that I attended the	deceas	ed fram.	u	, 1954, to	0	na	195	that I	last so	w the	decease
alive on	nev- 7	19	St., and that dear	th occ	urred at 6	590	M. fran	the causes	and an i	the dat	e state	ed abave
ACTUAL	X4 00	1	nell	-				reet, city or town		ine da	/ D	ATE SIGNE
SIGNATURE	In Co	OYU	vun 100	M.D.	- 2	6/	Ten	mu	757	·	-4-	127
PHYSICIAN'S NAME (Type)	460 3		DONOVAI	w .	4-0			0				
22a. BURIAL, CREMAT	ION, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CRI	MATORY		22d LOCAT	ION (City, town,	or county)		(Stat	e)
REMOVAL (Speci Burial	" 11/10	158	Rockvill	la (lemeter			kville		מודות		
23. FUNERAL DIRECTO			ADDRESS				BY REGIST		ISTRAR'S SI			
Robert	A Pumphne	w P	letherde Me	2227		TENOV			-1 0			

VS A1S (4) 1SM 9/55

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by the funeral directar, and 2 should be filed with

retained by the haspital ar attending physician.

L DIRECTOR: After this certificate has been signed by the attending physician and completely fill of a but be detached far use as the burial-transit permit. Then please remove carbon papers. Pages strar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12738

	12742	CERTIFIC	ATE OF DEATH	4	R	± eg. Dist. No	. ~ 1 0	96
1. PLACE OF DEATH d. COUNTY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased live	ed. If institutions b. COUNTY	Residence befo	re odmiss	ion)
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		limits, write RURA	AL and give ne	rest town) V
d. NAME OF HOSPITAL (IF no	ot in hospital, give street smor-San.		d. STREET ADDRESS		4 17 7		ONA	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	First	Middle MAZETIA	Lost	4. DATE OF DEATH	Month	De	•	Year 19 58
		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. 4		UNDER 1 YEAR	Hauis	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Giv. during most of working life.	kind of work dane 10	b. KIND OF BUSINESS OR IND			7)	12. CITIZEN C	DF WHAT	COUNTR
3. FATHER'S NAME	ows .		14. MOTHER'S MAIDEN I		ells			
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, gr	S. ARMED FORCES? 11	6. SOCIAL SECURITY NO. 17.	INFORMANT terling A.Park	560)	Address Chester	brook n	d.,	
PART I. DEATH WAS IMMED 561. 4 Conditions, if any, wh gave rise to immedicause (a), stating the und lying cause last.	DUE TO ich DUE TO	Malnut Lephageal	Obstrus CHerr	tion		ON'	1/2	yea eas
200. ACCIDENT WAS UND	ERLYING 20b. DI	S CONTRIBUTING TO DEATH BU	eft Opis	ncl	crain	IN PART 1(a)	PERFO YES	DRMED?
(IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Mon Hour a. m, p. m.	oth, Day, Year 20d. Whil		PLACE OF INJURY (Hame, farm factory, street, office bldg., etc		lown)	(Caunly)		(State
olive on	ttended the deceded the decede	58 and that dea	1946, to 1, th occurred of 1456	AM, from th	ne causes and, city or town, state	on the do	te stote	
PHYSICIAN'S NAME (Type)	MADK	F. 66 > 161.						
NAME (Type)	. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	l (City, tawn, ar c	aunty)	(Stat	le)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be related by the haspital or attending physician.	10	4	-	
154	A 9/	55		

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINTY
MARYLAND MARYLAND	o. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If autside carps ate limits, write RURAL and give nearest town) SILVER SPRING 7 yrs.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SILVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2307 FOREST GLEN ROAD	d. STREET ADDRESS 2307 FOREST GLEN ROAD e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
3. NAME OF First Middle DECEASED (Type or print) ELMER ERMON	PARSONS, SR. OF DEATH NOV. 23 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	9/3/83 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the second of the seco
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Automobile Mechanic(retired) Stanley Hol	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SEWEL ERNEST PARSONS	MARY HANLIN
1Yes no or unknown) . Iff yes one was as dates of service)	r. Elmer E. Parsons, Jr. 2307 Forest Glen Rd. Silver Springer at Ween
gave rise to immediate cause (a), stating the under- lying cause last. PANTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ST. TOTAL CONTRIBUTION OF THE STREET OF THE OF THE	Larges with Metastesis IN NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PPD. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)
ACTUAL Flower W. Long	ith accurred at 7 DM, from the causes and an the date stated abor ADDRESS (Street, city or town, state) M.D. 7600 Carroll Aver; Takona Park Md, 700 23,
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY BURIEN 11/26/58 MATSHALL CEME	OR CREMATORY 22d. LOCATION (City, town, or county) (State) Marshall, Virginia
WARNER DIRECTOR'S SIGNATURE Y INC. SILVER'S SPRING	G, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMON 2 6 158 Onther S. Kraus

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

197/11

10124				Re	g. Dist. No.		
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived	b. COUNTY MONTGOI		re admissio	m)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate li			arest town)	
Olney	14 hours	Takoma Park	17				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	1			e. IS RESID	DENCE FARM?
Montgomery Count: General I	Hospital, Inc.	8705 Gilbert	Place A	ot. #3		YES [NO 💟
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Month	Do	'	eor
(Type or print) S. SEX Oliver 6. COLOR OR RACE 7. MARRI	A.	Patterson 8. DATE OF BIRTH		Novembe	r 28		×58
Male White WIDOWE		9/14/6/1	9)1		nths Days	Haurs	Min.
 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	11	2. CITIZEN O	F WHAT C	OUNTR
Retired Salesman		Pennsylva	ania	1000	U.S.	Δ	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			0 6 84. 6 .	(.) ₁ B	
William Patterson		Clarissa	Hartraft				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no. or unknown] [(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
no	one	Hospital Reco	rds	Olney.	Maryl	and	
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		vels			INTE	RVAL BETV	
Canditions, if any, which) (b)	abetes M	ellitus					
gove rise to immediate cause (o), stoting the under-lying cause last.	estatie Co	- Z gov.	Meles	1.			
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN	V PART 1(a) 1	9. WAS AU PERFORA YES []	MED?
	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art 1 ar Part II of i	item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While at wark	Not while tag	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tav	vn)	(County)		(State)
21. I certify that I attended the decease alive an 27 Nov 193	~/-	occurred at 6: 20		., 19 <u>58</u> ,the	at I last sa	w the d	ecease
ACTUAL SIGNATURE Juliu BQ sal	Pen M.D		ADDRESS (Street, ci				E SIGNE
PHYSICIAN'S NAME (Type) J. B. Ziegler	м. р.	Olney	Marvlar	nd			
220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 12/1/58	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or cau	onty)	(State) MD.	
SMERINE TO PURE HANDEY, INC.	ADDRESS		BY REGISTRAR	24b. REGISTRAR	'S SIGNATUR	Ε	
Kaymand Il Brake	SILVER SPRING	DATE CO	1 '58	Ostlan	9 5		

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

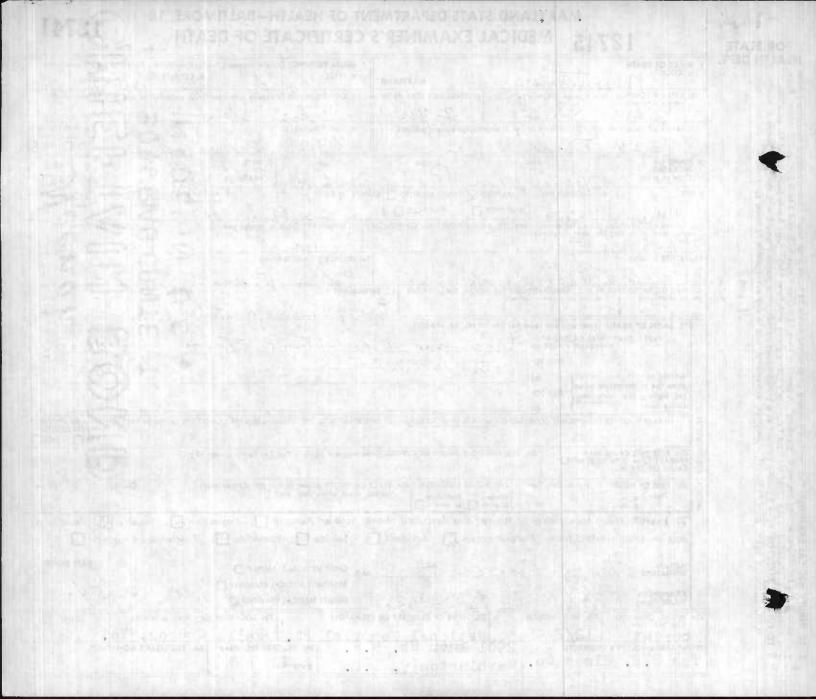
12741

Reg.	Diet	No
uan.	P.121.	140.

	1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institu	tion: Residence before admission)		
	o. COUNTY Mont	mory	MARYLAND	o. STATE	b. COUNTY	monte		
	b. CITY OR TOWN (If outside corps	rate limits, write ELEAL C. LET	NGTH OF STAY IN 16	c. CITY OR TOWN III	outside corporate limits, write	RURAL and give hoorest town)		
j	and give necrest fown)	day of	2 4re	15-8, Oak	Skenny	And the same of the same of		
	d. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital, gi	ive stree (address)	d. STREET ADDRESS		e. IS RESIDENCE		
)	V328 1	raper Laure	2	18328	Thate Le	ON A FARM? YES NO W		
	3. NAME OF	// First	Middle	Lost	4. DATE // Month	Doy Year		
	(Type or print)	arly, Ison	Cecku	daugh h.	DEATH had	30 1958		
	5. SEX 6. COLO	R OR RACE 7. MARRIED	NEVER MARRIED	BLOATE OF BIRTH	9. AGE (in years fast birthday)	IF UNDER TYEAR IF UNDER 24 HRS.		
	male w	Part WIDOWED	DIVORCED [Cive 23 14	11 47 yrs.	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11 BIRTHPLACE (Stote or foreign country)								
	11/2 1 16	zugn.		ala_		M-3.a		
	13. FATHER'S NAME) /.		14. MOTHER'S MAIDEN N.	AME			
	Chas L. C.	echudangh	Sr.	Educa	Parsons			
	15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16 SOCIAL	SECURITY NO. 12	INFORMANT	Address	. 07		
			X	Taisy Pecker	Sough (wit	1) Hum 2		
i		only one cause per line for (o),	(b), ond (c).]	1	7 / 6	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CA	E CAUSE (0) Carces	some 1	enlectur	l teart	Aliral		
	153,9	DUE TO	mito	Casia		imag		
		Conditions, if ony, which) (b) With Medical March 1997						
		gove rise to immediate couse (o), stating the underlying DUE TO						
	couse lost.							
	PART II, OTHER SIGNIE	CANT CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	'EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?		
	3	lan and and				YES NO NO		
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enfor noture of injury in Port I or Part II of item 18.) CAUSE OF DEATH.								
	3 20c. TIME OF INJURY Mon	th, Doy, Yeor 20d. INJURY		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stole)		
	20c. TIME OF INJURY Mon	While of work	1401 AUTHE	ctory, street, office bldg., etc.)				
	21. I certify that I too	k charge of the remain	ns described ob	ove, held on Autopsy	, Inspection ,	Inquiry X, and in my		
	opinion death resulted	from: Notural causes	Accident	, Suicide , H	Iomicide . Undeter	rmined monner		
	1		**					
	SIGNATURE THEY A	Q. Brose to	M.D. CHIEF MEDICAL EXA	AMINER [DATE SIGNED			
0		0 0		ASSISTANT MEDICA	L EXAMINER	2 11 00		
EXAMINER'S FLANK J. Broschat DEPUTY MEDICAL EXAMINER 11-30-5								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)								
	burial 12			morial Pk.	Falls Churc			
	23. FUNERAL DIRECTOR'S SIGNATU	- 0-	epth St.			TRAR'S SIGNATURE		
	The S.H. Hine	S Co. Washir	igton 9.	D.C. DATE DEC	3 58 Cut	hur 8 %".		

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNION DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the 5 should be used as formation, or removal, and in the event within 72 hours after death. VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12746

CERTIFICATE OF DEATH

12742

Reg. Dist. No.

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death.		
e registror prior ta buriol, cremation, or removal, and in any event within 72 hours ofter death		I
or ta buriol, cremation, or removal, a		2
e registror pric		1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be estained by the hospital ar attending physicion. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely fille by the funeral director.	puge Strouts be detacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.
ITA	3	stroi
SP	S Z	eg.
H	FU	he
10	-0,	-

VS A15 (4) 15M 10/57

	COUNTY	ry		MAR	RYLAND	o. STATE		ere decease	d lived. If inst b. COU		sidence bel	ore admissi	on)
b.	CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b			utside corpo	prote limits, wri	te RURAL	ond give n	earest town) ~
	Bethesda	orest townj		82 days		High	land Pa	ark			- / x	3	
d.		AL (If not in hospital, g	ive street	oddress)		d. STREET		CLL IN			/ ^	e. IS RESI	DENCE
	The Clin	ical Center	Bo	thesda 14	. Md.	801	Laurel	Aven					FARM?
3. N	AME OF	Fir		Middl		Lo		4. DATE				-	
DE	CEASED				ie		200	OF DEATH		Month			ear
5. SE.		Betty 6. COLOR OR RACE		Lou	1	Peter		DEATH		lovem		_ ,	9 58
J. JE.		a. COLOR OR RACE		RIED NEVER MARK	-	. DATE OF BIRT	IH.		9. AGE (In ye last birthdo			R IF UNDE	Min,
30 (Female	White	WIDOW	_	_	June 2				yrs. 5	24		
100.1	during most of work	N (Give kind of work ing life, even if retired	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (Stole o	or foreign c	ountry)	12	. CITIZEN	OF WHAT	COUNTRY
	Reception	nist	Un	ascertaina	able	Ill:	inois				U. S	. A.	
13. F/	ATHER'S NAME					14. MOTHER'S	S MAIDEN NA	AME					
1	Russell 1	Batt				Mil	dred R	077					
15. W	AS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN			-	Record	Address			
(Tes, F	NO NO	If yes, give war or dates of s	-	31-26-1821	. mb						. Ma	7 0 20	2
11		TH [Enter only one co				e Clinio	CAT OF	il cel.	Detnes	da 1		ryland	
1		TH WAS CAUSED BY:	O I	ne for (o), (b), and (c	1-1-A	. P.		00				TERVAL BET	
	100	IMMEDIATE CAUSE (o	m	neares	Jal	la-li	ance	Dire	sur	e		72 8	us.
	173×	DUE TO	00			^	0	0 0					
	Conditions, if or		Ch	nocar	in	ma h	etas	later	-			91	neg.
	gove rise to in couse (o), stoting t					,							N 35
	lying couse lost.) (c											
Z	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO DI	EATH BUT I	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(o)	19. WAS A	UTOPSY
¥												PERFOR	RMED?
CERTIFICATION	00. ACCIDENT WA	S UNDERLYING [7]	20b. DES	CRIBE HOW INJURY	OCCURRED	(Enter noture o	of injury in Pr	net I or Poet	1 II of item 18			YES 🔀	ио П
H (OR CONTRIBUTING	CAUSE OF DEATH			000000	. temer morare	or injury in re	011 1 01 1 01	r ii or iieiii io.	1.00			
	Oc. TIME OF INJURY		Inc. t		100 010								
MEDICAL	Hour a.m.		While	NJURY OCCURRED Not while	foct	CE OF INJURY I	(Mome, form, te bldg., etc.)	20f. (City	or town)		(County)	(State)
¥	p. m.	19	ot wor	k ot work									
2	1. I certify the	at I attended the	deceas	ed from Septe	ember	6 19 58	B. ta No	vembe:	r 27, 19	58 tha	t I last s	ow the	docean
	live on No		195			accurred at	3:55 F	A4 6	- the		a da l	dw life (Jeceuse
		4	4	0 , 0	deam	accorred di			reet, city or to		in the de		d abave
	CTUAL OT	D. Donal		9 00	1	mb				wii, siolej		11-2	
S	IGNATURE	CLETTOU X	1	Voorgre	ad N		Clinic						1-50
	HYSICIAN'S								n sti tute		Heal	th	
		neodore L.		friend, M.	· U·		nesda_	14, M	aryland	L			
	BURIAL, CREMATION REMOVAL (Specify)	V. 22b. DATE THEREO	F	22c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCAT	TION (City, tov	n, or cour	nty)	(Stote)
Bu	ir-Trans		/58	Memori	al G	ardens		N.	Chica	ago.	Ill	inois	3
23. FU	NERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGIST	RAR 24b. R	EGISTRAR"	S SIGNATI	JRE	
Ro	bert A.	Pumphrey	7 B	ethesda,	Mar	yland	DATE DE	EC 1	'58	Cirthu	n 2. 90	saus.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12617

CERTIFICATE OF DEATH

12743

		- · · · ·	n n	eg. Disi, No.
		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution,	Residence before admission)
		non 1 9 omer 1 MARYLAND	6. STATE DAY AND B. COUNTY	mon19 omen
	ŀ	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RUPAL and give nearest town)	c. CITY OR TOWN (If bulside corporate limits, write RUR)	AL and give nearest town)
œ.,		12 roma Park. 1/11. 15 min	XWheaton	<u> </u>
A		I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
)	W	as hingran Janilarium + Hosp.	2708 Terrapin Pa	YES NO
		NAME OF First Middle	Lost & DATE Month	Day Yeor
		Type or print) Willem Scott	169. JV. DEATH	- 18 195 X
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	or other or plants	UNDER I YEAR IF UNDER 24 HRS. Aanths Doys Hours Min.
		Male White WIDOWED DIVORCED	7-18-11 47 45.	
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR WOULduring mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	X	YXXXX EXTXXXXX—Mail Carrier.	D.C	Umerica.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
	1	Yancey W. 19190	Florine Mat	rerly
	15. (Ye	. no. or unknown) Hayes, after war or dates of service	INFORMANT Address	12
		res urmit-will	HOSPILAL Mecor	rds
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	6.00	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) VINTUALIAN /	Villalin	minutes
		4 do Due to State	1 1	Ro
		Conditions, if any, which gove rise to immediate	la fartin	nours.
		couse (a), stating the under-	181.	la ruin
	7	lying couse lost.) (c) MMMONUM	went	THE WAS AUTORSY
5	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
1	FICA	20- ACCIDENT WAS INDEPLYING TO 200- RECORDE HOW INTERLY OCCURRE	D. (Enter noture of injury in Port I ar Part II of item 18.)	YES NO P
	CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. Jenier holore of injury in Fort to Fair it of Holin 18.7	
	100		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
	WEDICAL	Hour o. m. While Nat while fo	ctory, street, office bldg., etc.)	(6.6.6)
	2	p. m.	12 -58 - 18 -58	
				that I last saw the deceased
		alive on 1000 10, 19 , and that death	occurred at 5:47 M, from the causes and ADDRESS (Street, city or town, sto	
		ACTUAL //// MILLIA	427 Phokenia	19 11-18-58
1		SIGNATURE SIGNATURE	, M.D.	100
		PHYSICIAN'S A.W.DANISH	Silver House	Red.
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	DR CREMATORY 22d. LOCATION (City, town, or	county) (State)
	I	REMOVAL (Specify) 11/21/58 FT. LINCOLN (CEMETERY PRINCE GEO. COU	NTY, MD.
		FUNERAL DIRECTOR'S SIGNATURE TIME ADDRESS		RAR'S SIGNATURE
	X	aumend a. Biska SILVER SPRIN	NG, MD. DATE ON 9 0 158 Grathe	of & Kines

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and completely fill a page 1 m. and be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

by the funeral director, and 2 shauld be filed with

VS A15 (4) 15M 9/55

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h. Poge 4	ol director,	filed with
urs after death	by the funera	d 2 should be
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death: Page 4	may be retained by the haspital or attending physician. TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and completely file in by the funeral director,	pages thould be detached for use as the burial-transit permit. Then please remove carban papers. Pages , and 2 should be fitted with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.
ite be execute	cian and camp	carban paper ofter death.
death certifica	Itending physic	please remove vithin 72 haurs
vires that the	gned by the at	permit. Then in any event v
: The faw req	ng physician. e has been sig	burial-transit premayal, and
S PHYSICIAN	ital ar attendi	ar use as the I
R ATTENDING	d by the hasp	be detached fa
HOSPITAL O	may be retained by the haspital or attending physician. TO FU AL DIRECTOR: After this certificate has been sign	page of maild be detached for use as the burial-transit permit. Then please remove carban paper the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.
10	2	A

VS A1S (4) 1SM 10/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12747 CERTIFICATE OF DEATH

12744

Reg. Dist. No.

								14 1101	
1. PLACE OF DEATH o. COUNTY Montgome	277	MARYLAND	2. USUAL RESID		ere deceased	lived. If instituti			nissian)
b. CITY OR TOWN !	If autside corporate limits, write	c. LENGTH OF STAY IN 16			utside carpor	ote limits, write R	URAL and a		lwn)
RURAL and give n	earest tawn)	78 days	1						
d. NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d. STREET AL					I a 15 6	ESIDENCE
OR INSTITUTION						D :		ON	A FARM?
3. NAME OF	ical Center, Be				nselma	n Road		YES.	□ NO 🔀
DECEASED	First	Middle	Last		4. DATE OF	Mon	th	Day	Year
(Type ar print)	Paul	Joseph	Pleni		DEATH	Novem		5,	1958
5. SEX	6. COLOR OR RACE 7. MARI	RIED MEVER MARRIED	B. DATE OF BIRTH		9	AGE (In years last birthday)		YEAR IF UN	
Nale	White WIDOW		April !			38 yrs.	Manths	Days Hou	's Min
10a. USUAL OCCUPATIO	ON (Give kind of wark done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State	ar fareign car	intry)	12. CITI	ZEN OF WH	AT COUNTRY?
	rvice Officer	Government	Wes	st Vi	rginia		1000	U. S.	Α.
13. FATHER'S NAME			14. MOTHER'S					-	
Joseph W	Plenni		Наз	nnah	Tico				
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 I	NFORMANT T			Daaamaadd			
Yes, no. or unknown)	(If yes, give war or dates of service)							35 7	3
	A8AA TT		he Clinio	cal C	enver,	Betnesc	la Ill,	Maryl	and
	ATH [Enter only one cause per link ATH WAS CAUSED BY:				4			INTERVAL ONSET AN	
PARI I. DEA	IMMEDIATE CAUSE (a)	BRONCHOPI	YEUM	ONI	H			24	Hour
204,	DUE TO					45			
Canditions, if a	ny, which) (b) CH	RONIC MY	ELOCYT	70	154	KEMI	A	13 4K	S
gave rise to i cause (a), stating	mmediate (
lying cause last.	(c)								
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	ENI INI DA OT	1/a\ 10 WA	VIGOTILA
491X	F	TNEWIA		THE TEXAMO	ALL DISENSE	CONDITION ON	EIN IIN FAKI	PERI YES [DRAKED?
PART II. OTH 491× 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in P	art I or Part	I of item 18.)		163	ио 🗌
3 20c. TIME OF INJUR	Y Month, Day, Year 20d, II	NJURY OCCURRED 20e. PL/	ACE OF INJURY (H	ome form	1 205 (C:4				
Haur a.m.	19 While at war	Nat while fac	ctary, street, affice	bldg., etc.				ounty)	(State)
21. I certify th	at I attended the deceas	ed fram August 1	9 19 58	to No	vember	5 1958	that I le	nst saw th	e decenser
alive an_No	vember 5 , 195	8, and that death	accurred at	530	AM fram	the course of	nd on the	a data eta	and at
	0 01	1, 1	accorded at			et, city or town,			DATE SIGNED
ACTUAL T	Bo 1/18	Divistor	T1			Center		10	100
SIGNATURE	occurrence for	mount						11/5,	258
PHYSICIAN'S NAME (Type)	I. Bernard Wei	nstein, M. D.				titutes Marylar		alth	
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY		22d. LOCATIO	ON (City, tawn, o	r county)	(St	ate)
Burial Specify)	11/10/58	Arlington Na	tional		Arling	ton. Vi	rginis	- 13	
23. FUNERAL DIRECTOR		ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGIS			
Robert A. I	oumphrey-Beth	esda, Md.		DATE NO	V 1 0 '58	0.	Chung &	sty.	
				DAIL TO			Jul 9. 1	raud	

hopert A. Framphrey-Botheren, Md.

TO FUNE

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12745

	12748	}	CERTIFI	CATE	OF DEAT	H		Reg. D	ist. No.	215	, 47
1. PLACE OF DEATH o. COUNTY Montgomers	V		MARYLAN	9	SUAL RESIDENCE (V. STATE	Where decease	ed lived. If institu b. COUNT		nce befar	• admission)	
	(If autside carparate limi	ts, write	c. LENGTH OF STAY IN	_	CITY OR TOWN (f outside carpe	orote limits, write	RURAL and	give nea	rest town)	
Bethesda	(Rural)		1 day	I	exington	Park			1	8x - 1	2
	ITAL (If not in haspital, a	ive street	address)		STREET ADDRESS				1	. IS RESIDEN	
	al Hospital				/o St. Ma	ry's F	Rol-A-Rir	ık		YES NO	
3. NAME OF DECEASED (Type or print)	Fir Jame		Middle Leonard	P(lost OLE, JR.	4. DATE OF DEATH	Mo	mber	Doy 6	Year	- 0
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		TE OF BIRTH		9. AGE (In years	IF UNDE		IF UNDER 24	
Male	White	WIDOW			1-5-58		lost birthday)	1110111112	Days	Hours /	Min.
On USUAL OCCUPATION	ION (Give kind of work or rking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto	te ar fareign d	country)	12. CI	TIZEN OF	F WHAT CO	UNTI
None	rking life, even if refired				Patuxent	River.	Maryland	I I	J.S.A		
3. FATHER'S NAME				14.	MOTHER'S MAIDEN					•	
James L.	POOLE			F	Betty M. I	BRENSTN	GER				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFOR				dress			
No	If yes, give wor or dates of s	ervice)	None	Offi	cial Navy	Recor	de				
Canditians, if a gave rise to couse (a), stoling lying couse last.	the under-	9	remature	ty							
ICATI			CONTRIBUTING TO DEATH					IVEN IN PAI	RT 1(o) 19	PERFORME	OPSY D?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Ent	er nature of injury i	n Part t or Par	rt II of item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Yeo	20d. If While at war	_ Not while	factory,	F INJURY IHome, fa treet, affice bldg., e	rm, 20f. (Cit	y or town)		(County)	(State
21. I certify the olive on Nov	rember 5	195 Ate	70		U. S. Na	ADDRESS (S	spital,	ond on (last sa	w the dece e stoted of DATE:	abov
NAME (Type)	H. L. WALTO				Bethesda						
REMOVAL (Specify	ON. 226. DATE THEREO	-	22c. NAME OF CEMETER				TION (City, town,			(State)	
Burial	11-12-5	0	Arlington	Nati			lington		/irgi		
R. A. Pump	JENERAL T.	1 Hor	ADDRESS ne,7557 Wisc.	. Ave		GHON MOD	100	ISTRAR'S SI Orthug			

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	Gentle Sales		4.	
	Later experient	T top		
N 100 100 100 100 100 100 100 100 100 10	at attack are one			green feets
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	TOT AND PARTY OF A CO.		11	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12749 CERTIFICATE OF DEATH

12746 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If institution: Reside o. STATE b. COUNTY b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. (LENGTH OF STAY IN 1b)	c. CITY OR JOWN (If outside corporate limits, write RURAL and	d give negrest fown)
RURAL and give nearest town)	1 1) 1 2 5 5 5 5 5 6	TE /
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION SUBURBAN	7	ON A FARM? YES NO
3. NAME OF First Addle	lost 4. DATE Month	
(Type or print) MARSHALL NEWLA	ND TOTE AT DEATH	13 19 5 %
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years law birthday) 7-3-15 9. AGE (In years law birthday) 43 yrs.	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
MARKETING SPECIALIST C.S. GOU'T	- NORTH CAROLINA	0.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CHARLES S. FOTEAT	MAUDE ESTELLED	IMMOUS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give wor or dotes of service) None	ARY V. POTERT DICKER	SON, BEI, MI
18. CAUSE OF DEATH [Enter only one couse persine for (a), (b), and (c).]	4	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: DRELEWARDIATE CAUSE (6)	hustion	ONSEL IND DEATH
330X DUE TO 1 1X	- 11	/3
Conditions, if ony, which) (b) Interested	el Alantone	Mars
gove rise to immediate couse (a), stating the under-	At1 - 10 - 1 11	T.
lying couse lost. (c) esfikile havery	sm, "A Middle Ceselyal Asking	Como
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH O	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN A	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour o. m. White Not while of work of work	octory, street, office bldg., etc.)	
21. I certify that I attended the deceased from Ma	1953, to 11-13, 1978, that I	I last saw the decease
	h occurred at 10:25 PM, from the causes and an	
distribution of the state of th	ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL ACTUAL SIGNATURE ALL MARCHES	M.D. 615 W Montgonery loe Rachire	4,16 11/13/52
PHYSICIAN'S NAME (Type) W. G. Hall	615 W. Montgomery Ave. Ro	ockville, Mo
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county)) (Stote)
Burial 11/18/58 Arlington		rginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S S	Thank
Debend A Deventor Debleade Me	mer I am at I - 15 VII I	

by the funeral directar, nd 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 LDIRECTOR: After this certificate has been signed by the attending physician and campletely fills build be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death may be retained by the hospital ar attending physician TO FUNE AL DIRECTOR: After this cartificate has harring

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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
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네 마음에 마음을 보는 그리는 전화 보면 되었다. 경기에는 얼굴성 집에 하고 있는 것이 되는 것이 없다. 그리는 것이 없는 것이 없는 것이 되는 것이 없었다.		.= /2			HERBALEY!	
					turbeta.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12750 CERTIFICATE OF DEATH

12747

19600				Keg. Dist. No.
1, PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryland	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL III not in hospitol, give street or institution (Redland Road Ammon's Rest Home	pddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) Sadie	Middle	Pratt	4. DATE Mon OF DEATH NOV.	th Day Year 19 58
5. SEX Female 6. COLOR OR RACE 7. MARR WIDOWN	The bottom in the state of the	B. DATE OF BIRTH May 3, 18	9. AGE (In years lost birthdoy) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME William Carter	•	14. MOTHER'S MAIDEN N	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	of the contract of the contrac	Add Kensin	gton, Ma.
18. CAUSE OF DEATH [Enler only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OE / 7 0 × DUE TO Conditions, if ony, which) (b)		tastasis fi	rom Breast	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS OF DIABOTES Mellitus 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in (Port I or Port II of item 18.)	YES NO
20c. TIME OF INJURY Month, Doy, Yeor 20d. II	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an Nov. 12. 158 ACTUAL SIGNATURE		accurred at		that I last saw the deceased and an the date stated above stote) DATE SIGNED
PHYSICIAN'S NAME (Type) WEBS TER STANDARD (Typ	22c. NAME OF CEMETERY O Ash Memori		22d. LOCATION (City, lown, o	, , , , , , , , , , , , , , , , , , , ,
23. ENGERAL DIRECTOR'S SIGNATURE TO LEVE L' Survales	ADDRESS Rockville, 1	24a. REC'	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

by the funeral director, and 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNE — DIRECTOR: After this certificate has been signed by the attending physician and completely filled page Sarahuld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar prior to burial, crematian, ar remayol, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12748

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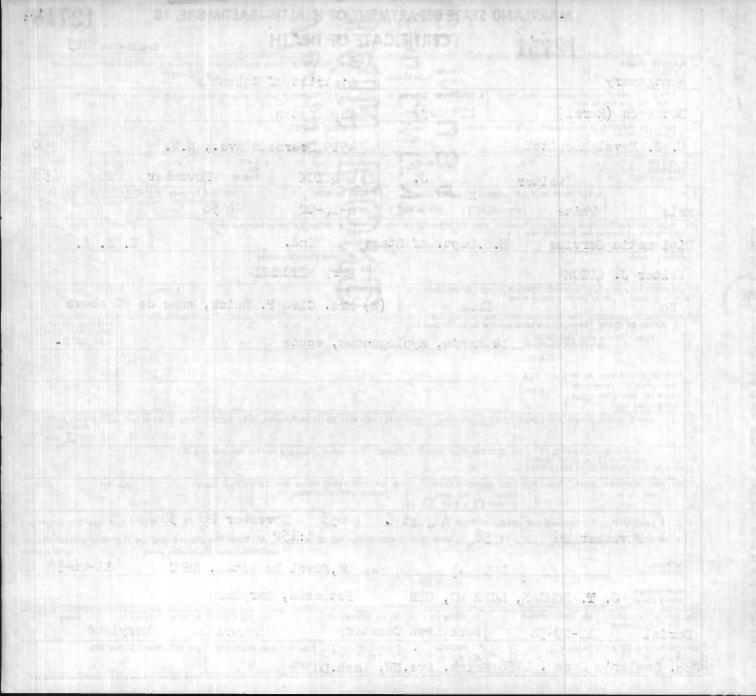
CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH		-		2	USUAL RESIDENCE (W	here decease	d lived. If institution	n: Residence	before admir	usion)
Montgomery			MARYL		District		L COUNTY	on: nestdened	octore dam.	
b. CITY OR TOWN (If our RURAL ond give nepres	side corporate limit	, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	URAL and giv	re nearest tow	n)
Bethesda (Ru			112 days		Washington	2		47	x-3	
d. NAME OF HOSPITAL (OR INSTITUTION		ve street	oddress)		d. STREET ADDRESS				ON.	SIDENCE A FARM?
U. S. Naval	Hospital				4519 Nebra	aska A	ve., N.W.		YES [NO X
3. NAME OF DECEASED (Type or print)	First Walter		Middle		QUICK	4. DATE OF DEATH	Novemb		26	Yeor 19 58
5. SEX 16.			HEDE NEVER MARRIE	N 8.	OATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	
		WIDOWE			8-16-02		9. AGE (In years last birthdoy) 50 yrs.		ays Hours	Min.
100 USUAL OCCUPATION	Give kind af work d	one 10b.	KIND OF BUSINESS OF	INDUSTR	11. BIRTHPLACE (Stote	e or foreign c	country)	12. CITIZ	EN OF WHA	T COUNTR
Diplomatic Se		U.S	S.Dept. of					U.	S. A.	
13. FATHER'S NAME					4. MOTHER'S MAIDEN					
Walter J. Q	UICK				Mary MITCH	HOIGH				
15. WAS DECEASED EVER IN	U. S. ARMED FORC		SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
No	s, give war or dates of ser		None	(W)	Mrs. Cleo	P. Qu	ick, same	as #a	above 2	
Conditions, if any, gave rise to imme couse (o), stoting the lying cause lost.	under- DUE TO		ukemia, myo						ONSET ANI	S •
PART II. OTHER S	SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Port I or Por	rt II of item 18.)			
20c. TIME OF INJURY A	Month, Day, Year	While	NJURY OCCURRED Nat while at work	20e. PLACE foctor	OF INJURY (Home, far, y, street, office bldg., et	m, 20f. (City	y or tawn)	(Co	unty)	(State)
	er 26 1 Hen T. HORGAN	, 12 90 , LC	DR MC, USN	death o	US, Naval Bethesda,	P M, from ADDRESS (S Hospit Maryl	m the couses of treet, city or town, al, NNMC	nd on the	date state 11-26	ed abay
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	226. DATE THEREOF		Park Lawn			2011	TION (City, tawn, o	Mary	land (Sto	ite)
FUNERAL DIRECTOR'S SIG			ADDRESS	2/1	70 Me 1249, REC	-				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha may be removed by the haspital ar attending physician.

FUNER CONTRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, ar removal, and in any event within 72 hour after death. TO FUNER VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12752

CERTIFICATE OF DEATH

Dan	Dist.	No
KTQ.	DIST.	140.

12749

				100	g. Diai, 110.	
1. PLACE OF DEATH MONTEOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	9	COLINIEN -	esidence before admis	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Betnesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or			ond give nearest tow gton, D. C	
d. NAME OF HOSPITAL (If not in hospital, give street of National Section 1971) of the street of the		d. STREET ADDRESS 6	141 31s	t.St.,		SIDENCE A FARM? NO 😡
3. NAME OF DECEASED (Type or print)	Middle Cecelia	Quinn	4. DATE OF DEATH	Month L'2U.	Doy 3 3	Year 19:58
5. SEX 6. COLOR OR RACE 7. MARRI Female vilule widowe	D DIVORCED	B. DATE OF BIRTH 4-28 APR 28, 18	0	90 yrs.	NDER 1 YEAR IF UND	ER 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU		ington,		2. CITIZEN OF WHA	COUNTRY?
13. FATHER'S NAME Jeremial	h Quinn	14. MOTHER'S MAIDEN N	0 11	idget	Ryan	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Helen Dal		Address 62(Mchean	DR.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. CAUSE OF DEATH [Enter only one cause per line PART on the	Hyperlinui	Heart 7 .	- cular		INTERVAL BONSET AND	DEATH
□ I OR CONTRIBUTING □ CAUSE OF DEATH I		NOT RELATED TO THE TERMIN			PERFO	AUTOPSY DRMED?
	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	rn)	(County)	(Stote)
21. I certify that I attended the decease alive on Nov 28, 125 ACTUAL SIGNATURE THYSICIAN'S NAME (Type) PHYSICIAN'S TAMES E.	and that death	occurred at 1232		causes and ty or town, state	an the date stat	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 12-2-58	Mt. Olive	t Cemetery	nd. LOCATION (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	le)
	ADDRESS		BY REGISTRAR	24b. REGISTRAR		

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	AND RESPECTA	now.	
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			ALC: NAME OF TAXABLE PARTY.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

poined by the hospital or ottending physicion.

DRECTOR: After this certificate has been signed by the ottending physician and completely filled the bed detailed for use os the burial-tronsit permit. Then please remove corbon popers. Pages 1 or prior to burial, crematian, ar removal, and in any event within 72 hours after death.

TO FUNES

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12753

CERTIFICATE OF DEATH

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-	-		17	-

	1273) ป	CERTIFIC	ATE OF D	EAT	Н	-	Reg. D	ist. No	. 21	5
1. PLACE OF DEATH	gomery		MARYLAND	II - CTATE		where deceased ginia	d lived. If institut b. COUNTY			ore odmiss	
	I (If autside carparate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (IF	autside carpa	orate limits, write l	RURALland	give nec	prest lawr	1)
Betheso			10 Days	A	rlin	gton		83	X - 3	3	
d. NAME OF HOS	PITAL (If not in hospital,	give street	address)	d. STREET A	DDRESS					e. IS RES	IDENCE FARM?
U.S. Na	val Hospi	tal		2129	N.	Thoma	s Stree	et			KON
3. NAME OF DECEASED	Fi	rst	Middle	Last		4. DATE	Mai	nth	Da	y	Year
(Type or print)	Arth	ur	Charles	RAI	MM	DEATH	Novemb	per	27		1958
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. DATE OF BIRTH	1		9. AGE (In years Jost birthday)			1	R 24 HRS.
Male	White	WIDOWI	DIVORCED	9-2-189	96	400	62 yrs.	Manths	Doys	Hours	Min.
during most at w	TION (Give kind of work arking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	e ar foreign c	ountry)	12 CI	TIZEN O	F WHAT	COUNTRY
	vy		U.S. Navy	Nev	N YO	rk			U.S	S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				1.57	
	n) RAMM				noan	a KRU	GER				
(Yes, no. or unknown)	VER IN U. S. ARMED FOR	service)	e. 1	INFORMANT			Add	iress			-
Yes	WWI WW	2 5	64-10-7328	Alice I	1. R	MMA	Same a	as #2)		
	EATH [Enter only one co		00							ERVAL BE	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	diffuse Met	mstases							Demin
162.1	DUE TO	-		0		10			,		
Canditians, if gave rise to)(Sronchogenic	Carein	mo	~ (Lipic	dermoid)	40	mo -	141.
cause (a), statir			4								,
lying cause las	, ,)									
PART II. C		IDITIONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	RMED?
PART II. CO	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in	Part t ar Part	t II af item 1B.)				
20c. TIME OF INJ				ACE OF INJURY (Foctory, street, office	lome, for	m, 20f. (City	ar town)		(County)		(State)
Haur a. m	10	While at warl	Nat while	iciary, sireer, office	biug., ei	(C.)					
21. I certify	that I attended the	deceas	ed from 17 Novem	nber1,58	,27	Nove	mber,58	that I	last se	w the	decease
	November	. 19	58 and that death	a occurred of	9:0	O RA from	n the course	and on i	the da	to state	deceuse
	() 15	2	nail			ADDRESS (SI	treet, city or town,	state) II	-28	-58	ATE SIGNE
ACTUAL SIGNATURE	John 1	ma	Man-el	MD U.S.	Nav	al Ho	spital,	Beth	nesd	a, M	đ
			t								
PHYSICIAN'S NAME (Type)	J. W. DAV	IS,	LT MC, USN	U,S	3. N	aval	Hospita	1, E	Beth	esda	a, Md
220. BURIAL, EREMAT	ION, 226. DATE THEREC)F	22c. NAME OF CEMETERY C	R CREMATORY			TION (City, tawn,			(State	
Burza I		THE PARTY	Arlingtor	1			lington			nia	
23. JUNE AL DITECT	al 6-stopphyclas		Affington,		24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SI	IGNATU	RE	
R. J. MUR	PHY Mome	3524	Columbia Pi		DATE	DEC 2	'58	Irinur	S. 74	aud	

ARYLAND STATE DEPARTMENT OF HEALTH - DALLINGSE TO	
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FOR STATE HEALTH DEPT.

eral director. Page of for your files. O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the fast a show the farmanded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be red to the Chief Medical Examiner's Office along with farm PM3. Page 5 way be red FUNEAR DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Short its designated agent, priar to burial, cremation, ar removal, and in any event Affitin 72 hours after death

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VS.	A15ME
51	A 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19754 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12751

19103				Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND		Where deceased lived. If instit		
b. CITY OR TOWN f outside corporate limits, write EURA and give negrest lown Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write		
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
8608 Boadmoore Dr		8608	BroadmooreD	r.	YES NO
3. NAME OF DECEASED (Type or print) Edna M	Middle	lamsey	4. DATE Mon		958 19
		DATE OF BIRTH	9. AGE In years lost birthday) 71 yrs.	Months Doy	AR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOUSEWIFE	10b. KIND OF BUSINESS OR INDUST	RY 13. BIRTHPLACE (State N.Y.			OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Charles E. Main		Frances	Lasabair		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give wor or dates of service)		FORMANT	Address		
NO 18. CAUSE OF DEATH [Enter only one cause per		m. F. Rams	ey S	ame as	Item 2
Conditions. if ony, which gove rise to immediate cause (a), sloting the underlying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				VEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO NO
20b. DES	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	I or Part II of item 18.)		
Hour o, m, p, m, 19	While Nat while factor of work at work	E OF INJURY (Home, form cry, street, office bldg., etc.)		(County)	(State)
21. I certify that I took charge of a apinion death resulted fram: Natu				, Inquiry [ermined man	
ACTUAL SIGNATURE SKILLS OF FRANK J. B	Insthact	_M.D. CHIEF MEDICAL EX ASSISTANT MEDICA DEPUTY MEDICAL E	AL EXAMINER [] No	ov. 24	DATE SIGNED
220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Burial 11/28/58	22c. NAME OF CEMETERY OR Ft. Hill		22d. LOCATION (City, town, Auburn, Nev		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey	ADDRESS Bethesda Mary	240. REC'S	N 2 8 158 246. REGI	STRAR'S SIGNA	TURE

		MIDNICAL EXAMINES.	
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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

copy

H within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12752

CERTIFICATE OF DEATH 12755

Dog	Dies	Ma
neg.	DISC.	No

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY Montgomery MARYLAND	STATE D. C. COUNTY					
-	CITY (If outside corporete timits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)					
	OR end give nearest town) TOWN (in this plece)	or Town Washington 127x-3					
-	HOSPITAL OR	STREET (If rural give focation)					
)	INSTITUTION OR STREET ADDRESS A 7 + has Intended and Management	ADDRESS					
	STREET ADDRESS Althea Woodland Nur. Home 3. NAME OF (First) (Middle)	1819 G. St. N.W. (Lest) 4. DATE (Month) (Dey) (Year)					
1	DECEASED	OF					
-	(Type or Print) William S. Rice	DEATH NOV. 1, 1958,9					
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours I Min.					
	Male White Sirrigile Oct.	1 1899 59 yrs. Months Deys Hours Min.					
	done during most of working life even if OP INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	relied ashier Willard Hotel	Memphis Tenn. U.S.					
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-	Jesse M. Rice	Ida Broadway					
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS					
1	(Yes, no, or unk.) (If Yes, give wer or dates of service)	N					
-	Nes. World War 1 & 2	Nursing Hodie					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
	162 I IMMEDIATE CAUSE (A)	year wellerasis /5 men					
	ANTECEDENT CAUSE(S) DUE TO)-680 1-00 mm					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	ma brovenogues 1 mo					
	STATING UNDERLYING CAUSE LAST, DUE TO						
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE						
-	DISEASE OR CONDITION CAUSING DEATH	2D. AUTOPSY?					
3		YES NO					
-	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	While Not while	21f. HOW DID INJURY OCCUR?					
-	M. et work et work						
	22. I hereby certify that Lattended the deceased from fruity	1950, to least in 19:50, that I last saw the deceased					
	alive on 19 0, and that death occurred at.	M, from the causes and on the date stated above. 1/-/-					
3	SIGNATURE /	ADDRESS (Street, city, town, stete) DATE SIGNED					
2	Dugame Movelex M.O.	3200-10 St. MW. Wreh K					
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	(630)					
200	// 17/E/Ed Amlington	National Cem. Arlington Co., Virginia					
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
	DATE NOV 5 '58 Orthur S. Kraus	heatley Funeral Home, Alexandria, Va.					

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or de designation and the Committee of t	MULTARIO STATE OFFATIME	
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	14151	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE (Where decear o. STATE Virginia	sed lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If RURAL and give ne Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Stephens Ci		RAL and give nearest fown)
d. NAME OF HOSPITA	AL (If not in hospital, give stree	t address)	d. STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Charles	Middle Oliver	Ritenour, Jr. 4. DATE OF DEAT		Day Year
s. sex	White WIDOV		August 9, 1946	last birthdoy)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATIO during most of work Student	N (Give kind of work done 10ting life, even if retired)	None None	STRY 11. BIRTHPLACE (Stole or foreign Virginia	country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Charles O	. Ritenour, Sr		Mary Cave		
	IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT The Medica	1 Recordddres	55
No		None 1	The Clinical Cente	r, Bethesd	a 14, Maryland
Canditions, if on gove rise to in couse (o), stating t lying cause lost.	he under-	perte a	enhair.		14
CATIC			NOT RELATED TO THE TERMINAL DISEA		N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b. DE [] CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or P	ort II of item 1B.)	
20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	ity or town)	(County) (State)
21. I certify the alive on Nov. ACTUAL SIGNATURE PHYSICIAN'S			occurred at 2140 PM, fro ADDRESS M.D. The Clinica National In	om the causes an (Street, city or town, sto 1 Center	d an the date stoted above DATE SIGNER 11/3/58
NAME (Type)	Nathan S. Tay	lor, M. D.	Bethesda 14	. Maryl and	
220. BURIAL CREMATION REMOVAL (Specify) Burial	11/5/58	Macadonia		ATION (City, town, or derick Co	county (Stole)
23. FUNERAL DIRECTOR'S		ADDRESS	24o. REC'D BY REGI	STRAR 24b. REGISTI	RAR'S SIGNATURE
Robert A.	Pumphrey-Be	ethesda, Mary	Land DATE NOV 5	'58 a	rihur S. Kraus

M TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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may be retained by the haspital or attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill in by the funeral director, page of audio be detached for use as the burial-transit permit. Then please remove carban papers. Pages Tand 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/S7

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VS A15 (4) 15M 9/55

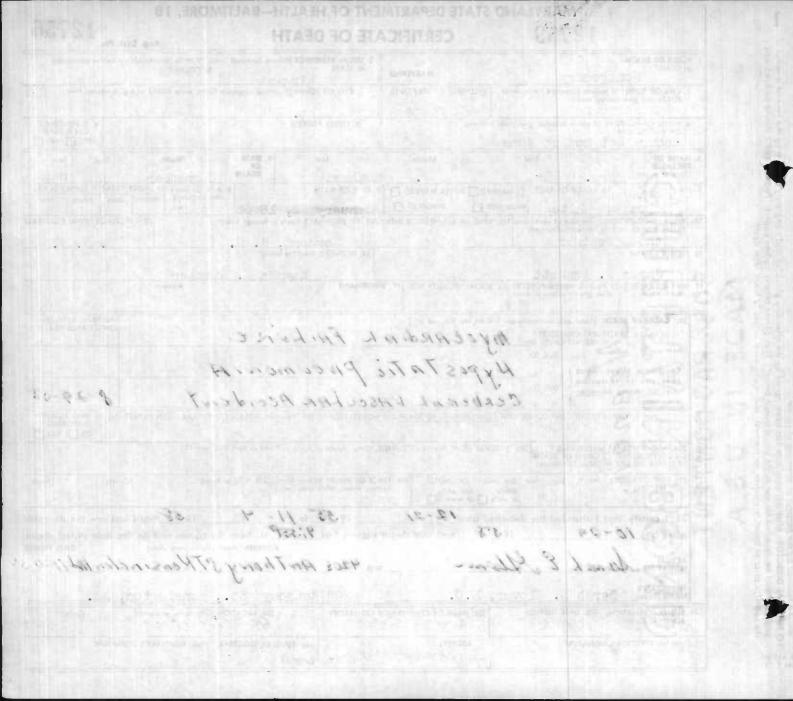
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12759 **CERTIFICATE OF DEATH**

12756 Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Montgon	nery	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Virginia						
b. CITY OR TOWN (If outsid RURAL and give nearest to	e corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Gaithersbur		22 years	Mt. Tda 83x-3					
d. NAME OF HOSPITAL (IF I		d. STREET ADDRESS	1.02			IS RESIDENCE ON A FARM? YES NO		
Asbury Met 1							163	ПиоП
3. NAME OF DECEASED (Type or print) Mrs.	First Elma	Middle C •	Rowland	4. DATE OF DEATH	Novemb		Day 1.	Year 1958
		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UN	
	hite widow	75	Tonnome 22	70 66	lost birthdoy) 9 2 yrs.	Months Do	ys Hour	s Min.
100. USUAL OCCUPATION IGIS	e kind of work done 10b.		January 22, STRY 11, BIRTHPLACE (SIGN	18 66		12. CITIZE	N OF WH	AT COUNTRY?
during most of working life	, even if retired)						77 0	
School Tea	ener		Newbern 14. MOTHER'S MAIDEN				II.S.	Α
	D				751 13			
James F.		SOCIAL SECURITY NO. 17. I	NFORMANT AME	nda V.	Kistler	rett		
	ve war or dates of service)	SOCIAL SECORITY NO. 17.	ATORNOMI .		~90	1613		
18. CAUSE OF DEATH [E	S CAUSED BY:	ne for (o), (b), and (c).]	L FAIL	iRE	•		INTERVAL ONSET AN	
Conditions, if any, wh gove rise to immedi cause (a), stating the un-	ote DUSTO	xposTATI	L FAILM	roni	HENY		8-2	9-55
PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?
	USE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJURY Mo Hour o.m. p. m.	While	£-	ACE OF INJURY (Home, for clory, street, office bldg., et	m, 20f. (City	or town)	(Cou	inty)	(Stote)
21. I certify that I c	attended the deceas	sed from 12-21	1955,10/	1-4	1952	that I las	st saw th	e deceased
alive on 16-2	9 19 WI	and that death		ADDRESS (S	reet, city or town,			nted above
SIGNATURE SOLAR	N. C. V. Alle	5700	M.D. 4208 Atv	1010	1-3-1-18-61	12/1/6/	ON IN	11-4-5
PHYSICIAN'S NAME (Type) Sara	ah E. Glover	, М.D.	4208 Anth	ony St	Kensi	ngton,	Md.	
220. BURIAL, CREMATION, 221 (REMOVAL (Specify)	b. DATE THEREOF	FORES OF CEMETERY OF			Churce Churc	or county)	(Si	med med
23 EUNERAL DIRECTOR'S SIGN	Facture.	Jailhur bu	29 Red DATE()	'D BY REGIST		STRAR'S SIGN		



12757

(Stote)

PLACE OF DEATH O. COUNTY	MONTGOMERY		MARYLAND	2. USUAL RESIDENCE (WHO O. STATEMARYLAN	nere deceased D	b. COUNTY				ion)
RURAL and give	(If outside corporate limit nearest town) VER SPRING		of STAY IN 16	c. CITY OR TOWN (IF o			URAL ond	give nec	rest towr	1)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, g N 1608 East—V	ive street oddress) Vest Highwa	ay	d. STREET ADDRESS / 1608 Eas	t-West	Highway				FARM?
B. NAME OF DECEASED (Type or print)	EMMA		Middle	Lost SANDERSON	4. DATE OF DEATH	Mon NOV .		Do 2	,	Year 19 58
FEMALE	6. COLOR OR RACE WHITE	7. MARRIED NEV		B. DATE OF BIRTH ARCH 6, 1866		9. AGE (In years lost birthdoy) 92 yrs.	Months	Days	Haurs	R 24 HRS. Min.
100. USUAL OCCUPA during most of w HOMEMAKE	orking life, even if retired	OWN HOME		STRY 11. BIRTHPLACE (Stote FT. FOOTE,		**		TIZEN O		COUNTR
13. FATHER'S NAME THOMAS H	. GRAY			14. MOTHER'S MAIDEN NELLEN SCHA				Æ		
1S. WAS DECEASED E	VER IN U. S. ARMED FOR			INFORMANT	3 < 0.0	Add		N 1027	18	
		0.02.1	9	o. T. Robey,				IWHY		
	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	use per line for (o), (b		1	Silver	Spring,	Md.	INTE	RVAL BE	
PART I. C	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO cony, which immediate ng the under-	use per line for (a), (b)	o). ond (c).]	1	Silver	Spring,	Md.	INTE		
PART I. C 204,0 Conditions, if gove rise to cosse (o), stotic lying couse to:	DUE TO tony, which immediate cause (a puer to the pue	use per line for-(o), (b	o), and (c).]	1	\$11ver	Spring, FUKE	Md.	INTE	9. WAS PERFO	DEATH 105
PART I. C Conditions, if gove rise to code (o), stotic lying couse lo: PART II. C PART III. C OR CONTRIBUTION OR CONTRIBUTION	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO cony, which immediate ng the under- tt. Control Cony Con	DITIONS CONTRIBUTION	NG TO DEATH BUT	L Y M PHA T	Silver	Spring,	Md.	INTE	9. WAS PERFO	AUTOPSY PRMED?

priar to burial, cremation, ar remaval, and auld be detached for use as the burial-transit TO HOSPITAL OR TO FUN

ACTUAL

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

L. B. SNOW

11/5/58

220. BURIAL, CREMATION, 226. DATE THEREOF

the funeral director, should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page

ADDRESS SILVER SPRING, MD.

FT. LINCOLN MAUSOLEUM

22c. NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR DATE

PRINCE

24b. REGISTRAR'S SIGNATURE

GEO. COUNTY, MARYLAND

22d. LOCATION (City, town, or county)

				MINASIO HA	E MANUS			
			TABE SO STA			i) 4		
						29.70 km		
		1155-51				N. B. O.		
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POR STATE HEALTH DEPT

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12758

TO COME INCOME EXAMINATION	Reg. Dis	it. No.
I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY	ice before admission)
Montgomery MARYLAND	Maryland Mor	ıtg
8215 "Old" Georgetown Rd few min.	c. CITY OR TOWN (If outside corporate limits, write RURAL and)	give nearest town)
d. NAME TO THE OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Beth-ell Synog.	4700 Bradley Blvd.	YES NO
3. NAME OF DECEASED (Type or print) Nathan L Sanow	Lost 4. DATE Month OF DEATH NOV . 4 . 194	Doy Year
	DATE OF BIRTH 9. AGE (in years IF UNDER)	and the second s
male white widowed Divorced 2	2 000 1071 yn. 0 12	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engr	RY 11. BIRTHPLACE (Stole or foreign country) 12. Cffiz Rochester N. Y. US	EN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Louis Sanow	Ann (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN		
[Yes, no. er unknown] No. give war or dates of service) Yes Kem	neth Sanow 6525 Elgin Lane	Beth Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Occlu	sion	sudden
44.0. / DUE TO		
Conditions, if ony, which) (b)		
gove rise to immediate cause (a), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I ar Part II of Item 18.)	
20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLAC focte of work of w	CE OF INJURY (Home, form, 20f. (City or lown) (Country, street, office bldg., etc.)	(Slote)
21. I certify that I took charge of the remains described above	ve, held an Autapsy [], Inspection [, Inquiry	and in my
opinian death resulted from: Natural causes 🗖, Accident [, Suicide , Hamicide , Undetermined m	anner 🗌
SIGNATURE FRANK J. Broschart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Frank J Broschart	ASSISTANT MEDICAL EXAMINER 11/4/58	3
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial 11/6/58 Britton Road		York
Roldberg Funeral Homewashington,	OT N.W. DATE NOV 6 '58 CALLIN S.	NATURE
The state of the s	D. Control D.	, cracca

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be fined for your files.

TO FURCHAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the fole Board of Health, or its designated agent, prior to burial, cremation, or remayal, and juraity event within 72 hours after death. VS. A15ME 5M 2/57

证据。据1993年中国中国的1994年110年的1994年中国中国中国的1994年11 HIVE TO TRADELY SEE STEMMARY LADIOUR LEWAY COLUMN TO SERVICE TO S . man we'r ba nawous riged hall take TO A STREET ROLLING The service of the State of the 440 - 496 (2024-1400)

	1276	2	CERTII	FICAT	E OF DE	ATH		Reg. D	Dist. No.		
1. PLACE OF DEATH	Montgomery		MARYL		a. STATE	NCE (Where dece	ased lived. If institute b. COUNTY	on: Reside			ion)
b. CITY OR TOWN RURAL and give r Bethesd	(If outside carporate liminearest tawn)	its, write c.	LENGTH OF STAY I	1	c. CITY OR TO	WN (If outside co	rporate limits, write R	URAL ond	give ned	rest tawr)
d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS 594 University Blvd. R.						IDENCE FARM? NO
NAME OF DECEASED (Type or print)	Suburban Ho Fin	rst	Middle		carlis	4. DAT OF DEA	E Mor	nth	Do	y	Year 19 58
. SEX	6. COLOR OR RACE		NEVER MARRIE	D 🔲 8. C	DATE OF BIRTH	3007	9. AGE (In years last birthdoy)	Months Months	R 1 YEAR		
during most of wa	White ION (Give kind of work rking life, even if retired	dane 10b. Kit				1903 E (State or foreig	22	12. c	ITIZEN O	F WHAT	COUNTR
Housewi	re	OWI	ii itoliig		Ohio 14. MOTHER'S M	AIDEN NAME			U.S.	· A•	
John Ri . WAS DECEASED EV (es. no. or unknown)	TER IN U. S. ARMED FOR (If yes, give wor or dates of s	service)	CIAL SECURITY NO.		RMANT	e Dunnig	Add	(Si	lver	Spr	
	the under-) Ca	remen	lasta	2 Bre	east o	with			SET AND	
	THER SIGNIFICANT CON		NTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	HETERMINAL DISI	EASE CONDITION GIV	VEN IN PA	ART 1(a) 1	PERFC	AUTOPSY RMED?
OR CONTRIBUTING	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED. (Enter nature of i	njury in Part 1 ar	Port It of item 18.)				
20c. TIME OF INJU Haur a. m. p. m.		ar 20d. INJU While at work	Nat while		OF INJURY (Ho y, street, office b	me, farm, 20f. (City or town)		(County)		(State
21. I certify to olive on Mactual SIGNATURE	hot I attended the	deceased 195	The same of the sa				rom the couses of Street, city or town, sectly Ble	ond on		te stote	
PHYSICIAN'S NAME (Type)	Bernard Fi			TORY OR T	A	loss.	Spring	n	ed		
REMOVAL (Specify	11-12-5	8	22c. NAME OF CEME	eaven	Cemete		Montgomery SISTRAR 24b. REG			(Stat	e)
FUNERAL DIRECTO	R'S SIGNATURE PUMPHTON IT	c. 84	34 Georgi	a Ave	. 2	ATE NOV 1 2		rthun			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill in by the funeral director, page 3, rould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages dond 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

W

WARVIAND STATE DEPARTMENT OF REALTH -BALTIMORE, 18

CERTIFICATE OF DEATH: - PRINCE - T. P. AND THE PROPERTY OF THE PROPER MARIE ST STATE en samme de la compensation de l Decree of the Landson of the School of Englishme Probabile and · San Aller - The san and a san a sa ADDITIONAL TO THE PARTY OF THE

VS A15 (4) 1SM 10/57

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1	M	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12763

CERTIFICATE OF DEATH

	LACE OF DEATH COUNTY Montgomes	ry		MARYL	AND	II o. STATE	DENCE (Wh	ere decease	d lived. If institut b. GOUNTY			e admission)
Ь	. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENGTH OF STAY I	N Ib	c, CITY OR	TOWN (If o	utside corpo	rote limits, write I			rest town)
	Bethesda	curesi lowily		20 days		Hyattsville /6/52					2	
d	OR INSTITUTION	At (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS					. IS RESIDENCE
	The Clini	cal Center	, Be	thesda 14,	Md.	1406	Kanar	wha St	treet			YES NO
C	IAME OF DECEASED Type or print)	fir Lin		Middle Darle	ne	to: Sch	midt	4. DATE OF DEATH	Novem		Doy 15	Yeor 19 58
5. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRT			9. AGE (In years	IF UNDER		IF UNDER 24 HRS.
	Female	White	WIDOW		_	June	19, 19	947	lost birthday) yrs.	Months	Doys	Hours Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDU					12. CI1	IZEN OF	WHAT COUNTRY
-	Student	king life, even if retired)	none			hingto			1 3		S. A.
13. 1	ATHER'S NAME					14. MOTHER'S						
	Harvey D.	. Schmidt				Len	a Mont	teomer	~v			
15. \	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1				Record Add	ress		
(Yes,	No No	(It yes, give war or dates of s	etaics	none					Betheso		Mar	errla nd
	18 CAUSE OF DEA	TH [Enter only one co	ura per li	ne for (o), (b), ond (c).]		10 02212	0000	0110 C1	Dedirest			RVAL BETWEEN
NO	gove rise to in couse (o), stoting lying couse lost. PART II. OTH	the <u>under-</u> DUE TO)	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS AUTOPSY
CATION												PERFORMED?
ū	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture o	of injury in P	ort I or Por	t II of item 1B.)			
MEDI	Hour o.m. p.m.	Y Month, Doy, Yeo	While of wor	k Ot work	foo	ACE OF INJURY (ctory, street, office	e bldg., etc.)			County)	(Stote)
	21. I certify th	at I attended the	deceas	ed from Octob	er	26, 1958	, to No	vembei	15, 1958	that I	last say	w the decease
	alive an No	ovember 15	, 195	8 and that	death	accurred at	10:50.	AM, from	n the causes o	and an t	he dati	stated abov
	ACTUAL	P 7	5	3001.				ADDRESS (S)	ceet, city or lown,			DATE SIGNE
	SIGNATURE	an -	- 10	received			Clinic					11-15-5
	PHYSICIAN'S Lec	on I. Goldb	erg,	M. D.					utes of cryland	Healt	n 	
220.	BURIAL CREMATIO REMOVAL (Specify) Burial	Nov 18,]		22c. NAME OF CEMEN Cedar Hil			1		ION (City, town,	or county)		(Stote)
23. F	UNERAL DIRECTOR			ADDRESS			24a. REC'C	BY REGIST		STRAR'S SJO	SNATURE	
	Tr C	abla Sama	Live	ttavilla	Md			V 1 8 '5		Thur L.	Man	4

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12764

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	o COUNTY				USUAL RESIDEN	ICE (Wh	ere deceased	lived. If institut		ce before od	mission)
	ontgomery		MARYL			PA 400	yland	b. COUNTY		Montg	V
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi earest town) Olney	its, write	c. LENGTH OF STAY I		c. CITY OR TOV	WN (If o		rote limits, write I	RURAL ond g	give nearest (lown)
d. NAME OF HOSPIT	AL (If not in hospital, s	give street o	26 day	3	d. STREET ADD	RESS	100	OIL VIIIO		le IS	RESIDENCE
OR INSTITUTION	County Ge			Inc.			Ro	ute #1		0	N A FARM?
3. NAME OF	Fir		Middle		Last		4. DATE	Moi	ath	Day	Yeor
(Type or print)	Chr	istine	e Mary		Seabo	lt	OF DEATH	Novem		24	1958
S. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIE	B. D	ATE OF BIRTH			9. AGE (In years lost birthdoy)			NDER 24 HRS.
Female	White	WIDOWED	_		August	10.	1936	22 yrs.		24 Hou	urs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. K	IND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE	E (Stote	or foreign co	ountry)	12. CITI	ZEN OF WH	HAT COUNTR
Homemak		'			Vir	gini	a		Ţ	J, S.	A.
13. FATHER'S NAME				1.	. MOTHER'S MA	AIDEN N	AME				
Ernes	t Atwell				Ze	nola	Tibb	S			
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INFO	RMANT			Add	ress		
No	(if yes, give wor or odies of s		0-32-6744	4	Hospi	tal	recor	ds			
18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), and (c).]								BETWEEN
PART I. DEA	TH WAS CAUSED BY:	1	Bronche	anheum	ากทำล					ONSET A	ND DEATH
443 X	DUE TO		DATOMAN	- Time	Юшта						z uayo
Conditions, if or	ny, which)		Uremia								6 mont
gove rise to immediate couse (o), stating the under-											
lying couse lost.	the under-	,	Hymert	engiwa	cardio	Vasc	ralur	disease			3 year
Z PART II. OTH	IER SIGNIFICANT CON	DITIONS CO							/FN IN PART	1(o) 19. W	
4-91X										PE	REFORMED?
U (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED. (E	nter noture of in	jury in P	ort I or Port	Il of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. IN. While of work	Not while	20e. PLACE factory.	OF INJURY (Hom street, office ble	ne, form, dg., etc.	20f. (City	or town)	(C	ounty)	(Stote)
21. I certify th	at I attended the	decease	d from 101:	24	1928 , 1	0	11/24	7 1058	that I I	ast som ti	he deceose
alive an	11/24	195	X, and that	death ac		1 A co.	AA from				
		1	st, and more	Jedin de	corred di 2_	·	ADDRESS (Sir	the causes of	and on the	e dote st	DATE SIGNS
ACTUAL SIGNATURE		The	\A		5cc2						1125
SIGNATURE		1		M.D.	DRIIQ	Y DI	TITTE +	Marylan	<u>u</u>		++
PHYSICIAN'S NAME (Type)	C. H. L	igon,	M. D.		Sa	ndy	Sprin	g, Maryl	and		
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THERE	户	22c. NAME OF CEME	ERY OR CR	EMATORY		22d. LOCAT	ION (City, town,	or county)	(9	Stote)
Burial	11/28/5	8	Parklaw	n Cen	etery		Roc	ckville	, Man	rylan	d
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		24	o. REC'D	DV DECIET		STRAR'S &IG	NATURE	
Robert A	. Pumphre	y B	ethesda,	Mary	land or	NOV	2 8 '58		mu7 1. 7	C. Salana	

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) SILVER SPRING SILVER SPRING VIS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 9205 2nd Avenue 9205 2nd Avenue YES NO 1 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED REBECCA C. SHAW NOVEMBER DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthday) FEMALE Months Days 7/20/74 Haurs Min. DIVORCED | WIDOWED 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housekeeper Hotel Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Shearin unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no, or 77-10-0420 Mrs. Calvin W. Schaeffer, 9205 2nd Ave. PHTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONBESTIVE IMMEDIATE CAUSE (o) DUE TO OCARDITIS AND MILD Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-ENERALIZES ANTERLOSCLEROSIS lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NONE YES 🗍 NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH ONF 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur Notwhile at wark at work 1954, to 15 No V. 1958 that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 8:45A M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED L. MARSHALL CUVILLIER. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURTAL (Specify) PARKLAWN CEMETERY MONTGOMERY COUNTY. MD. 11/18/58 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SPRING. MD. arthur S. Kraus DATE NOV 1 9 '58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12766

CERTIFICATE OF DEATH

Reg. Dist. No.

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1.	PLACE OF DEATH o. COUNTY Montgomery MARYLANI					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY					
-		outside corporate limi	ts. write	c. LENGTH OF STAY II	N lh	c. CITY OR TOWN (IF or	utside cornore	te limits write P	IRAL and ai	ve negrest to	own)
	RURAL and give ne	arest lown)		11				4/2	V 2		,,
1	Bethesda d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	do days		Los Angeles	_50	45	7.5	le IS I	RESIDENCE
	OR INSTITUTION				1.1		Λ			ON	A FARM?
=		al Center			d. I	5918 Wooster Avenue					
3.	DECEASED	Fir		Middle		Last	4. DATE OF	Mon		Day	Yeor
_	(Type or print)	Rhoda		(none)		Sherbecoe	DEATH		ember	23,	19 58
S	SEX	6. COLOR OR RACE	7. MARE	RIED A NEVER MARRIED		8. DATE OF BIRTH		P. AGE (In years lost birthdoy)	Months [YEAR IF UN	IDER 24 HRS.
	Female	White	WIDOWI	the state of the s	1	October 26,	1923	35 yrs			
10	la. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign co	untry)	12. CITIZ	ZEN OF WH	AT COUNTRY?
	Housewife			None		Connection	cut		U.	S. A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	Samuel J.	Ross				Sophia Lone	don				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II			ecord Add	ess		
	(es, no. or unknown)	If yes, give wor or dates of s	ervice	16-18-5118	qu ₁			Betheso		Marvl	and
-		TH. Ester selvers so	10	ne for (o). (b). ond (c).]	1	He offilicat of	enter,	De Glies C	وبد عا	INTERVAL	
		TH WAS CAUSED BY:	Ose per III	ne lor (o), (u), and (c).		1 0	10				ND DEATH
		IMMEDIATE CAUSE (0)	entre h	un	my tyste	m	epress.	4	1/2	Krs-
	195.0	DUE TO	1	ADD I	0		0.				
	Conditions, if or		m	elections	Clet	reno-Corte	sall	ercine	me	11	rees
	gove rise to immediate couse (a), stating the under-										
	lying couse lost. (c)										
2	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
CATION	TO THE REAL PROPERTY.										NO
CEPTIEN		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture of injury in P	ort I or Port	Il of item 18.)			
									170		
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes				CE OF INJURY (Home, form, tory, street, office bldg., etc.)		or town)	(Ce	ounty)	(Stote)
AF	p. m.	19	While of wor	k ol work		or, or out					
	21 I cortify the	at 1 attended the	decens	ed from Octobe	r 8	1958 to No.	vember	23, 19 58	that I la	act come th	a december
		vember 23	10	-40		occurred at 2:55	R.	17	_,indi i ic	151 SOW 11	ie deceased
	alive an	A	, 19	, and mar	dearn			the causes of eet, city or town,		e date st	
	ACTUAL O	TU	1	91	•	Ine Clini			storej	/	DATE SIGNED
	SIGNATURE	reover	ev.	Hooden	end	n.v					23/50
	PHYSICIAN'S	1 T	0	10m2 ma (16	n	The Nation	-1	stitutes	OI H	eartn	
_	1 111	heodore L.		friend, M.	D.	Bethesda	14, Ma	ryland			
2	REMOVAL (Specify)			22c. NAME OF CEMET				ON (City, town,			tote)
	Burlar	Nov. 27, 19	158	Hillside M	emor	rial Park	Los A	ngeles,	Callic	rnia	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	240. REC'D	BY REGISTR		TRAR'S SIGN		1
1	B. A none	makeras	ms.	35701-14	do	DATE NO	V 2 6 '5	3 an	Thur S.	Threek	
1-16	THE RESERVE OF THE PARTY OF THE	A STATE OF THE STA	CALL C		-ne	AC DINK	I do o				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 43 hours Bethesda Damascus d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM YES NO K Suburban Hospital 11005 Locust Drive 3. NAME OF First Middle Month Year DECEASED 1958 November 25 Eloise Shipley DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR Months Doys Hours Female White WIDOWED -DIVORCED T March 19, 1902 10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Homemaker-Telephome operator at Maryland Naval Med. Center 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hallie Bohrer Frank Hilton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres 1429 Maple View Dr. Silver Spring, Md. 8-10-8532 | Gladys V. White No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) de 900.0 DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home./form, i 20f. (City or town) (County) (State) foctory, street, office bldgt/ etc.) Not while While of work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry / and in my opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE-ASSISTANT MEDICAL EXAMINER 11-25-58 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, lown, ar county) 220. BURIAL CREMATION. (Stote) .1958 Damascus Methodist Damascus, Md. **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur & Kealls

HTA IS TO TRADITIVED STEAMINED AND THE OF THE OF SCORE IN BOTH DATE TO THE PROPERTY OF THE PR nednal the take CERTICAL SERVICE TO SERVED United by Life Terransus Laborate Jacobate Personal

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the function. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be the first files.

TO FUNCAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sirie Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

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· - COLU	OF DEATH					2. USUAL RESIDENCE	CE (Where decease	d lived. If institu	tion: Residen	ce before od	mission)
a. COU	VITV	tgomery		MAR	YLAND		laryland			1.	
b. CITY ond g	Brinkl	ode corporate limits, wr	ile RURAL	c. LENGTH OF STAY	r IN 1b		N (If outside corpo	orote limits, write	RURAL and	give nearest t	lown)
d. NAM		or institution ten Dan	-	ospital, give street addre	ess}	STREET ADDRE	iten Dam	Rd.		10	RESIDENCE N A FARM?
3. NAME of DECEAS	ED		ini Bnowd	Middle en Stabl	er	Lost	4. DATE OF DEATH	Nov.		1958	Yeor 19
5. SEX	6	COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲 B.	DATE OF BIRTH	1	P. AGE (In years last birthday)	IF UNDER T		DER 24 HRS.
me	le	white	WIDOW	ED DIVORCED		Aug. 9,	1889	69 yrs.	Months D	lays Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)						RY 11. BIRTHPLACE (State or foreign co	untry)	- 1	EN OF WHA	T COUNTRY
	retired	U.S.	Agri	culturist		Md.				USA	
13, FATHE	R'S NAME					14. MOTHER'S MAID					
15 11116	August		stabl				Snowder				
(Yes, no, or u	nknown) (If	N U. S. ARMED For		5. SOCIAL SECURITY NO		FORMANT		Address	aland T	7 - 1/	ra
	10	ſ		Unknown	53	dney Sta	sprer li	., Bro	okvil		la.
18. CA		VAS CAUSED BY:		e for (o), (b), ond (c).	0071	anion				ONSET AND D	dead
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Cond	4-20,1	DUE TO								111 00	, c. s
	itions, if ony, rise to immediat	e cause (b)								
(0), 2	loting the und									7603	
_			c)	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
Y Y										YES [ORMED?
PRIMA	TERNAL CAUSE RY OF CONTR	WAS IBUTING [20b. DESCR	BE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	n Port 1 or Port II o	if item 18.)			Som P
=	ME OF INJURY dour o. m. p. m.	Month, Day, Y	Wh	. INJURY OCCURRED iile Not white work at work	20e. PLAC	E OF INJURY (Home, iry, street, office bldg.	form, 20f. (City	or town)	(Coun	nty)	(Stote)
21. 1	certify that	I taak charg	e of the	remoins describe	ed aba	ve, held an Aut	apsy, In:	spection 🔀,	Inquiry	7. 0	nd in my
apin	an death re	sulted from:	Notural	couses X, Acc	ident [], Suicide [, Hamicide	, Undete	rmined m	anner [
11 (3.3)	ATURE SIL	and J.	Br	wither	1	_M.D.	AL EXAMINER EDICAL EXAMINER			DATE	SIGNED
	INER'S E (Type) H	rank J.	Bro	schart		DEPUTY MEDI	CAL EXAMINER	k No	v. 10	,1958	3
	I CREMATION	225 DATE THERE	EQ.E	22c. NAME OF CEME	TERY OR	CREMATORY	224 LOCATI	ON (City, town,		15.	
220. BURIA	VAL (Specify)	1 2 1 1 1	/	THE PARTY OF CEME		CKEMINIOKI	AZO. EOCATI	ON (City, Town,	or county)	(51)	ofe)
Cr	WAL (Specify) emation AL DIRECTOR'S S	NOV. 1.	/		inc	oln	Prince REC'D BY REGISTR	ce Geo	or county) TTRAR'S SIGN	N	Id.

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VS A15 (4) 15M 10/57 12766

12769 CERTIFICATE OF DEATH

1. PLACE OF o. COUNT Mon	bgomerv	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE South Carolina b. COUNTY						
b. CITY OF	R TOWN (If outside carporate limits, writed give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside carporate limits, write RURAL and give nearest town)						
	hesda	16 days	Charleston 77x=3						
d. NAME (OF HOSPITAL (If not in hospital, give str ITUTION	reet address)	d. STREET ADDRESS e. IS RESIDENCE						
	Clinical Center,	Bethesda 14, Md.	The Citadel YES NO 13						
3. NAME OF DECEASED	First	Middle	Lost 4. DATE Month Day Year						
(Type or pr	rint) Edward	Henry	Starr DEATH November 11 1958						
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
Male	***************************************	OWED DIVORCED	January 26, 1953 5 yrs.						
10a. USUAL C	OCCUPATION (Give kind of work done out of working life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		None	South Carolina U.S.A.						
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME						
Robe	rt C. Starr		Barbara Brixon						
	EASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	INFORMANT The Medical Record Address						
no	(1) (1) (1) (1)	none T	he Clinical Center, Bethesda 14, Maryland						
Condition gove or course (or lying co		rapry for by statute sing contributing to Death BUT	Interval Between ONSET AND DEATH D						
WED CALL	OF INJURY Manth, Day, Year 7 a. m. 19 of	hile Nat while too	ACE OF INJURY (Hame, farm, clory, street, office bldg., etc.) 20f. (City or town) (County) (State)						
ACTUAL SIGNATU	21. I certify that I attended the deceased fram 26 October, 1958 to November 11, 1958, that I last saw the deceased alive an November 11, 1958 and that death accurred at 3:45 AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED								
Crema 1	REMATION, 20b. DATE THEREOF (Specify) 11/12/58 DIRECTOR'S SIGNATURE Ct A. Pumphrey	22c. NAME OF CEMETERY O Cedar Hill ADDRESS Bethesda, Ma:	Crematory Suitland, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the hospital or ottending physician. TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifth in by the funeral director, page and be detached for use as the burial-transit permit. Then please remove carbon pages and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12618

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institutions)

4			1	9	17	C	140
Req.	Dist.	No.	T	4	4	U	6

	1. PLACE OF DEATH O. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STATE
	b. CITY OR TOWN (II outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	c. CITY OK TOWN (If outside corporate limits, write KUKAL and give nearest rown)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	/ d. STREET ADDRESS
	Washington San + Hosp.	White BAKS Silver Spring YES NO R
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	OECEASED (Type or print) IRVIN JESSE	Stewart DEATH 11 13 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
1	TOO USUAL OCCUPATION (Give hind of work does 10h, MIND OF BURINGS OR MINDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Guring most of working life, even if retired) White War IN AVAL ORDINA	B. EMMERSON VALLEY, PENNA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JACOB STEWART	"Not available"
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	NFORMANT C Address
	the second secon	S GERTRUDE ENTEWART 10902 N.A. AVE, J.SM
i	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: CORONORY Tofa	existion massive la claus
П	420./ DUE TO	0.004
	Conditions, if ony, which)	
	gove rise to immediate Dur TO	
	couse (o), stoling the <u>under-</u> lying couse lost. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	CAT	PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		CE OF INJURY IHome, form, 20f. (City or town) (County) (Slate)
	Hour o. m. P. m. 19 While Not while of work of work	tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from NOV 7	1958, ta NOV 13 1958, that I last saw the deceased
	alive an NOV 13 , 1958, and that death	
	dive single and their dealing	ADDRESS (Street, city or lown, stole) DATE SIGNED
	SIGNATURE COUNTY, SOUND	1006 hers Hampstere the Tuboutah 11/4/5
1		m
	PHYSICIAN'S ERNEST A SARAO	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	Durial NOVII, 1720 MRLINGTON	VATICEM ARLINGTON VA
	21 JUNERAL DIRECTOR'S SECHATURY ADDRESS	24a. REC'D BY REGISTRAR. 24b. REGISTRAR'S SIGNATURE
/	254 CARROLLST. N.	W DATE OV 1 7 '58 arthur S. Hours

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VS A1S (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12770

CERTIFICATE OF DEATH

1	PLACE OF DEATH a. COUNTY	364		MARYLA		O. STATE		-	lived. If instituti b. COUNTY				sion)
-	b. CITY OR TOWN (IF			c. LENGTH OF STAY IN	116		Maryla TOWN (If ou		ote limits, write R	Monte			n)
	RURAL and give ne	orest town)		7 hours	,	X			rookevil	_	3100		
	d. NAME OF HOSPITA	AL (If not in hospital, g	jive street	oddress)		d STREET A	DDRESS	D	TOOKEVII	.16		e. IS RES	FARM?
		County Gen	eral	Hospital, I	nc							YES [NO K
3.	NAME OF DECEASED	Fir	st	Middle		los	t III	4. DATE OF	Mor	oth	Do	У	Year
	(Type or print)	Ev	ra.			Stri	ckland	DEATH	Novemb	er	9		19 58
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTI	Н	!	9. AGE (In years	IF UNDER			ER 24 HRS.
	Remale.	White	WIDOW	ED DIVORCED		10	71		lost birthdoy) 87 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote o	or foreign co	untry)	12. CI	IZEN O	F WHAT	COUNTRY
	House	heeper	'	Own Hom	e	M	arvlar	ha		T	I S	. A.	
13.	FATHER'S NAME				-	. MOTHER'S					1. 10	• 11.0	
		Unknow	m				U	nknow	m				
15	WAS DECEASED EVER	IN IL S ARMED FOR	CESS 114	SOCIAL SECURITY NO.	17. INFO	PMANT			Add				
(Y		if yes, give war or dates of s		None	17. 11410					1622			
-						Но	spital	Reco	nds				
			use per li	ne for (o), (b), ond (c).]							INTE	RVAL BE	TWEEN
	PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Broncho-pneu	moni	<u>a</u>							days
1	4911	DUE TO											
	Conditions, if on		}										
	gove rise to in couse (o), stoling t	nmediate (***			
	lying couse lost.	(c	3										
Z	PART II. OTH			CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(e) 1	9. WAS	AUTOPSY
ATIO		inoma of t										PERFO	RMED?
I SE	200 ACCIDENT WAS	S LINDERLYING T		CRIBE HOW INJURY OCC	URRED. (E	nter noture o	E injury in Pa	ort 1 or Port	II of item 18.)			163	NO LOK
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while k ot work	e. PLACE factory.	OF INJURY (Home, form, bldg., etc.)	20f. (City	or town)	(1	County)		(Stote)
E	21. I certify the	at I attended the	deceas	ed from Novemb	er 7	_, 19.58	, to_No	vembe	r 919 58	.that I	last so	w the	deceased
	alive an_Nov	ember 9	. 19	58, and that d	eath ac	curred at	8:45	OM fram	the couses o	and an t	he da	le state	d above
		1 1 1		•					eet, city or town,		ile da		ATE SIGNED
	ACTUAL SIGNATURE	Molnt	All	w, p.D.	M.D.						1	1-10	-58
	PHYSICIAN'S NAME (Type)	0 0				Clar	ksvill	le. Md					
220	BURIAL, CREMATION	A 226. DATE THEREC	ako r	22c. NAME OF CEMETE	RY OP CP	EMATORY			ON (City, town,			(Stot	
	REMOVAL (Specify)	Nov. 10		Newpo				Newp		New	Her		ire
23.	SUNERAL DIRECTOR'S	SIGNATURE A		ADDRESS			24a. REC'D	BY REGISTR		STRAR'S SIG			TE
1	Hoy w	osante	Maj	tonsville	, Md	•	DATEV 1	3 '58	arthu	1 8. th	aud		

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VS A15 (4) 15M 10/57

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12769 Rea Dist No.

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1. PLACE OF DEATH a. COUNTY Montgome:	ry		MARYL		o. STATE	-	ere deceased live	d. If institution: b. COUNTY Charle	0	befare admi	ission)
b. CITY OR TOWN (I RURAL and give no	f outside carporate limit eorest town)	s, write	c, LENGTH OF STAY II	N 1b	c. CITY OR	TOWN (If o	utside carporate l	imits, write RUR/	AL and give		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	4½ hrs.		d. STREET		ngton Fo	rest (W	ashin	e. IS RI	22,D. ESIDENCE A FARM?
	val Hospita	1			8519	Van B	uren Dri	ve 16.	X- d		ON [
3. NAME OF DECEASED (Type or print)	Karer		Middle Bradfor	d	STRUVE		4. DATE OF DEATH	Month Novembe	r	Day 24	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIEL	8.	DATE OF BIRT	Н	9. A		-	YEAR IF UNI	
Female	Caucasian			-	11-24-			yrs.	lanths Do	ays Hours	32
10a. USUAL OCCUPATIO	ON (Give kind of wark or king life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPE	ACE (State of	or fareign country	1)	12. CITIZE	EN OF WHA	T COUNTR
None					Beth	esda,	Marylar	nd	U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				- 111
Robert L.					Mario	n B.	POWERS				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.		DRMANT			Address			
No			None	(F)	Robt.	L. St	ruven, s	same as	#2 ab	ove.	
Canditions, if an gave rise to it cause (o), staling lying cause last.	the under-		remate		2 Jax						
CAT			ONTRIBUTING TO DEAT						IN PART I	PERF	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED. (Enter nature a	f injury in P	art I or Part 11 of	item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	JURY OCCURRED Not while of work	Oe. PLACE factor	OF INJURY (y, street, affice	Hame, farm, bldg., etc.)	20f. (City or to	iwn)	(Cou	inty}	(State)
21. I certify the alive on Nove:	at I attended the mber 24	decease , 195	d from November 8, and that a	death o	ccurred at_	9:17P		e couses ond city or town, stat	on the	date stat	ted above
PHYSICIAN'S NAME (Type)	David HAR	RIS,	LT MC, USN	M.C			14, Mary		rao	11-6	, ,,,
220. BURIAL, CREMATION REMOVAL (Specify) Cremation	11-26-5		22c. NAME OF CEMET Cedar H:		REMATORY		22d. LOCATION Suitla:		aunty)	(Sto	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Bet	he sda	, Md.	240. REC'D	BY REGISTRAR	246. REGISTRA	AR'S SIGN	ATURE	
R A Dumph	Mar Funera	Hom	P 7557 Wi			B	N 0 0 150	611	7 9 4	fr	

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o. COUNTY	C-1017		MAR	YLAND	o. STATE		ere deceased live	b. COUNTY			
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY	/ IN 16		irgin	utside corporate l	imits write PI		ngton	
RURAL ond give	neorest town)					_		()	TEV 5	cares, ion	"
d. NAME OF HOSE	PITAL (If not in hospital,	give street	133 da	ys_	d. STREET A	rling	ton		31.3	I IS DE	SIDENCE
OR INSTITUTION	٧									ONA	A FARM?
The Cli	nical Cente						o.Cheste				NO 🗖
DECEASED (Type or print)		rst .a	Middle		Losi		4. DATE OF	Mont	_	Day	Year
S. SEX	Davi	-	HED NEVER MARR		t Swanso		DEATH		vember		19 58
					April 28			st birthdoy)	Months Doys		Min.
Male	White	WIDOWE			•			17 yrs.	100 000		
during most of we	TION (Give kind of work orking life, even if retired	done 10b.	25 1000	OK INDU			or foreign country)	12. CITIZEN		COUNTR
Student			None			orida			U.S	.A .	
3. FATHER'S NAME					14. MOTHER'S						
	r W. Swanso						rge ant				
5. WAS DECEASED EN	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	O. 17. I	INFORMANT Th	e Med	ical Rec	ord Addr	ess		
No			None	Th	e Clinic	al Ce	mter, Be	thesda	14, Ma:	rylan	d
18. CAUSE OF DE	EATH [Enter only one c	ouse per lir	ne for (o), (b), and (c)	1-1					IIN	TERVAL BE	TWEEN
PART I. DI	EATH WAS CAUSED BY:	1	1EMOPE	0.0	ARDIU	44	0 0	-4	01	ISET AND	DEATH
100	IMMEDIATE CAUSE (0)	7~14013	110	DILL	N	Sucount	ary 1	0	2 24	and
1/18X	DUE TO	20		0			^	9			0
Conditions, if	ony, which)	. I w	Rusy V	1 L	Q Danne	4465	ap Va	T-4-20	T. 200	10.	1
gove rise to	immediate	0)	D. D. C.	cha	a comme	3000	mach or	#1 -OCA	as week	100	mone
couse (o), stotin		o was	anteres	me	lattasa	7 .	,	4			
lying couse lost		c)									
PART II. O	THER SIGNIFICANT CO	NDITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	NDITION GIVE	EN IN PART 1(0)	19. WAS	AUTOPSY DRMED?
3											NO 🗍
PART II. O PART III. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of	injury in F	ort I or Port II of	item 18.)	7.1		
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	19									
20c. TIME OF INJU	JRY Month, Doy, Ye	ear 20d, IN	NJURY OCCURRED	20e. PL	ACE OF INJURY (lome, form	20f. (City or to	wn)	(County	1	(Stote
Hour o.m.	. 10	While	Not while	fo	ctory, street, office	bldg., etc.)	,	(coom)	,	131016
			k of work	1							
21. I certify	that I attended the	decease	ed fram Apri	1 28	, 19 58	, to No	vember 1	0,19 58	that I last :	saw the	deceas
alive on No	vember 10,	19			accurred at_						
). 011	~^					ADDRESS (Street,				ATE SIGN
ACTUAL	M. 6,00	000	ahr		M.D. Th		nical Ce				10-5
SIGNATURE	3000	a comment	2011				l Instit		& Hoolt		10-7
PHYSICIAN'S NAME (Type)	Mueller,	Peter	s., M.D.				a 14. Ma			11	
	ION, 226. DATE THERE		22c. NAME OF CEM			61163.C	22d. LOCATION				
REMOVAL (Specif	v1 .	59								(Stot	e)
Burial Burial Burial Burial		27	Arlingt	on	Nationa,		Arling				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	76.77			BY REGISTRAR				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, and 2 should be filed with may be retained by the haspital ar attending physician.

• FUNE At DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page build be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12773 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1. PLACE OF DEATH			MAI	RYLAND	o. STATE			d lived. If instituti	on: Resider	nce before	admission)	
Montgomer						cict of						
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits arest town)	, write	c. LENGTH OF STA	YIN Ib	c. CITY OF	TOWN (If o	utside corpo	rote limits, write R	URAL ond	give neares	it town)	~
Bethesda	(Rural)		16 days		Wash:	ington		4	7 X	- 3		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street od	ldress)		d. STREET	ADDRESS				e.	IS RESIDEN	NCE
	al Hospital	L			5120	Kling	le Str	eet, N.W			ES N	
3. NAME OF DECEASED	First		Midd			ost	4. DATE OF	Mon	ith	Day	Year	-
(Type or print)	Byron	1	Edward	Richa	ard TA	LOR	DEATH	Novem	ber	12	19	58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MAR	RIED 🔲	B. DATE OF BIR	тн	4.14.11	9. AGE (In years		YEAR IF		HRS.
Male		WIDOWED			5-3-1			lost birthday)	Months	Doys H	lours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work deing life, even if retired)	one 10b. KI	ND OF BUSINESS	OR INDUS	STRY 11. BIRTH	PLACE (Stote	or foreign c	ountry)	12. CI1	TIZEN OF V	WHAT CO	UNTRYP
Cartogram		U.	S. Govt.		1	Viscons	sin		T.	J.S.A.		
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME					
Byron Edw	ard TAYLOR				Hele	n Gert	trude	ASH				
15. WAS DECEASED EVE			CIAL SECURITY N	O. 17. II	NFORMANT			Add	ress			
Yes no, or unknown)	136 - 2/46		78-38-482	4 (V) Mrs.	Mar.jor	cie G.	Taylor,	same	as #	2	
18. CAUSE OF DEA	TH [Enter only one cou	se per line	for (o), (b), and (c						-		AL BETWE	FN
	TH WAS CAUSED BY:	D.			. 0					ONSET	AND DE	ATH
1621	IMMEDIATE CAUSE (o)	121	or unio	300	IC C	arcil	LOMER			App	r. o	mos
	DUE TO											
Conditions, if or												
couse (o), stoting												
lying couse lost.	(c).											
PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED 1	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AUT	DPSY
E											PERFORME	
PART II. OTH	S UNDERLYING	Ob. DESCR	IBE HOW INJURY	OCCURRED). (Enter noture	of injury in P	ort I or Port	II of item 18.)			42.	
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
		20d INII	URY OCCURRED	20e. PL/	CE OF INJURY	(Home form	20f. (City	or town)		Countril		F4-4-1
20c. TIME OF INJUR Hour o. m.		While	_ Not while	foc	tory, street, offi	ce bldg., etc.)	or town,	(,	County)	(Stote)
	19	of work [
21. I certify th	at I attended the	deceased	fram Octo	ber 2	7_, 1958	, to NOV	rember	12, 1958	_,that I	last saw	the dec	eased
alive on Nove		, 19 58						n the causes o				
	1	0	,					reet, city or town,		ne date		SIGNED
ACTUAL	/ Mar	12/1			11 0			pital, N		2.7	-12-	-8
SIGNATURE (1 1 4 1	1			W.D	Mana	T HOB	broar, W	MINO		-12-2	20
PHYSICIAN'S NAME (Type)	. T. THORP.	JR.			Roth	eede 1	h MA	RYLAND				
220. BURIAL, CREMATIO			22c. NAME OF CEA	METERY OF				ION (City, town, o	or country.		(Ca-1-)	
REMOVAL (Specify)	11-14-58									m and m d	(Stofe)	
23. FUNERALDIRECTOR				CON IN	[ational	1		ington		rgini	a	
1200	UKLER	~	ADDRESS				BY REGIST			GNATURE 1. Known		
W.W.Chambe	rs, 3072 "M	" St.	,N.W.,Wa	shing	ton,DC	DATE NO	18 1 2	0	ALL PARTY	. / Chille		

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VS A1S (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

				Neg. Dist. 110. L.L.)
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If institutio	n: Residence before admission)
Montgomery	MARYLAND	District	of Columbia	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RL	JRAL and give nearest town)
Bethesda (Rural)	7 hours	Washington	n	47x-3
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
U. S. Naval Hospital, NN	MC	1650 Harva	ard Street, N.V	YES NO IX
3. NAME OF First DECEASED (Type or print) Baby	Middle Girl	THARP	4. DATE Monti	
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWEI	D DIVORCED	11-17-58	lost birthday) yrs.	Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign country)	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)		Bethesda,	Maryland	U.S.A.
NONE I3. FATHER'S NAME		14. MOTHER'S MAIDEN I		U.D.A.
Joel E. THARP			ores WAGGNER	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	253
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Official Navy	Records	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	umature	ty - mma	tunty (<1000	OG, INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 1 NO
206. ACCIDENT WAS UNDERLYING (1) 206. DESC OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
Hour a.m. While	JURY OCCURRED 20e. PL	ACE OF INJURY IHome, form ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on November 17 , 19 5	d framNovember 1	accurred at 11:45	P.M. fram the causes a	nd an the date stated above
ACTUAL SIGNATURE Courand Co	Haisr	II C N-	ADDRESS (Street, city or town, s val Hospital, N	
PHYSICIAN'S H. A. PEARSON, L.	T, MC, USN	Bethesda	14, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, a	r county) (State)
Burial (Specify)	Arlington Nat	ional	Arlington	Virginia
23 PUMERAL DIRECTORIS SIGNATURE	ADDRESS			TRAR'S SIGNATURE
S.H. Hines. 2901 14th St., N.				
D' W' UTHER " CANT THOM DO . IN	THE HOUSE THE PARTY OF	DATE	The Land	THAT I STOWN

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Marin, and the second of the s	Charles Described Address
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FOR STATE HEALTH DEPT Y MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files. At DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the set Baayd of Health, signated agent, prior to buriot, cremation, ar removal, and in any event within 72 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		70111	,				Reg. [Dist. No.	
		PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived	. If institution: Resid	lence before odmiss	ion)
	0	o. COUNTY	tomen	MARYLAND	o. STATE	nel	b. COUNTY M	nto	
	b	. CITY OR TOWN (If outside cor	pages limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL on	d give pearest town	n)
Н		end give nearest town)	Sprence	140	156 Six	JRA 6	Thurs		
	d	I. NAME OF HOSPITAL OR IN	STITUTION U not in h	ospital, give street address)	d. STREET ADDRESS	0		e. 15 RES	FARM?
0		2509 BU	wololsh	Rd	2509	Kando	Est Rel		NOX
	3. 1	NAME OF DECEASED	7 First	Middle	Lost	4. DATE OF	U Month	Day Yes	ar
		(Type or print)	with	Hall	load	DEATH	11-17	19	SY
	5. S	SEX 6. COL	OR OR RACE 7- MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDE		24 H75. Min.
		Hereals at	hit WIDOW		8-4-18	7818	D yrs.	Days Hours	Milli.
		LISUAL OCCUPATION (Give		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO	te or foreign country)		IZEN OF WHAT C	OUNTRY
1		letrarian	2	Te grot.	lisk			u.S.C.	
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	<i>V</i>		
		Ulles 1	odd	V	Carolin	e . C	hester		
		WAS DECEASED EVER IN U.	S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	00	
					OANA De	rury -	Same	Ilim	2
		18. CAUSE OF DEATH [Ente	/	e for (o), (b), and (c).]		1		ONSET AND DEAT	
		PART I. DEATH WAS IMMEDIA	ATE CAUSE (o)	erebral U	astular	accide	+	1/2 /	~
		331X	DUE TO	0					
		Conditions, if ony, while gove rise to immediate cou		hyperlevel	in			year	7.1
		(o), stoting the underlying		111				1	
	-7	couse lost.) (c)	CONTRIBUTING TO DEATH BUT	The Total and Total and Total	AND THE PROPERTY OF THE	TIOLI CINELINI DI	_IV	
^	TO	PART II, OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PA	PERFOR	MED?
0	2	20- EVTERNIAL CALIES WAS	Jan Desce	ISE HOW INTERNOCEHERED	(Enternal and Salarian to B		10.	YES []	NO A
	CERTIFICATION	PRIMARY OF CONTRIBUTE CAUSE OF DEATH.	NG 🗆	IBE HOW INJURY OCCURRED.	tenier noture of injury in F	aft f of Port II of item	18.)		
				I. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	rm. 120f (City or town	1) (C)	ounly)	(State)
	MEDICAL	Hour a. m.	W	nile Not while fo	ctory, street, office bldg., e		, ,	,,,,,	(orone)
	¥	p. m.		work of work control of work of the control of work of the control of work of the control of the	ove held on Auto-		:- [7]	- 50 - 1	
									in my
		opinion deoin resulte	a from: Notural	causes [*]. Accident	, Suicide,	Hamicide [],	Undetermined	monner [
		ACTUAL T	10 Bas	in each	CHIEF MEDICAL	FYAMINEP (**)		DATE SIG	GNED
		SIGNATURE_	ay love	report	M.U.	CAL EXAMINER			,
2		EXAMINER'S FA	NKJ. B	hosehent	DEPUTY MEDICA		11-17	7-58	
	220		DATE THEREOF	22c. NAME OF CEMETERY C			ity, town, or county)	(Stote)	
		remation 1	1/18/58		Crematory		Georges		d.
(FUNERAL DIRECTOR'S SIGNA		ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE	
7	1	ne p.m. mlne	s co. was	hington, D.	U. DATE	W 2 0 '58	Cialling &	Tigala	

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		DOMESTIC CONTRACTOR
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100		12619 CERTIFICATE OF DEATH	og. Dist. No. 12774
filed with		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE b. COUNTY b. COUNTY	Residence before admission)
ld be fill	1	b. CITY OR TOWN (If outside corporate limits, write RURA RURAL and give nearest form)	L ond give nearest town)
2 shoul	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS L. Dash Line ton San Larium 4 Mass. 2214 Phelps Re	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) First Middle Lost 4. DATE OF OF DEATH 11	Day Yeor
rs. Pag	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF)	UNDER 1 YEAR IF UNDER 24 HRS. onlins Doys Hours Min.
ban paper er death.	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) DISTYLET of Columbia	4. CITIZEN OF WHAT COUNTRY
officer		Ernes To. Tunman Margare TM. S.	choemia
A hours	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mother + Father 22	Adelphi, Md.
at within 2		18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) / ANYNGO - FVAC NEO - by onchits	INTERVAL BETWEEN ONSET AND DEATH
mit. Th		Conditions, if ony, which acute infection gove rise to immediate (b)	approf how
and in	7	couse (o), stoting the under- lying couse lost. (c)	
maval,	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
in, or re	ICAL CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town)	
or use crematio	MEDIC	Hour o. m. p. m. 19 While of work of	(County) (State)
burial,		alive an 1956, and that death occurred at PM, from the causes and	
ld be de		ACTUAL Murray Paul, M.D. 8106 New Hamp	oshive Au
70.15	220	PHYSICIAN'S MUKRAY AUL, M.D., BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or ce	, ma 11/18/
	1	REMOVAL (Specify)	
page ;	-	RIAL 11/21/58 PARKLAWN CEMETERY MONIGOMERY COUN	TY, MD.

Dr. Broschart has been notified tpermission received to sign certificate Marray Paul, M.D.

OR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shaulthe forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNE. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the control of Health, or its designated agent, prior to burial, cremation, or removal, and in app event within 72 hours after death. M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12776

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

f, F	PLACE OF DEATH	14		2. USUAL RESIDENCE (Where deced	sed lived. If institu	ition: Residence b	efore adm	ission)
		tgomery	MARYLAND	Maryla	and	b. C00141	Montgon	lerv	
Ь	. CITY OR TOWN (If	outside corporate limits, write RURAL	c. LENGTH OF STAY IN fb	c. CITY OR TOWN (I			RURAL and give	nearest la	own)
	Beth	esda	D.O.A.	OG Silver S	pring				
d	I. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS				ON	A FARM?
		rban Hospital		Atwo	ood Ro	ad		1152] NO X
1	NAME OF DECEASED	First	Middle	Lost	4. DATE OF DEATH	Montl			Yeor
-	Type or print)	Harvey	R.	Turner	DEATH	Nov.	. 8		958
5. 5	EX	6. COLOR OR RĂCE 7- MAI	RIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	-	-
	Mole	White WIDON	VED DIVORCED	Ana 74 180	00		Months Days	Hours	Min.
10o	USUAL OCCUPATION	ON (Give kind of work done folig life, even if retired)	VED DIVORCED	RY FT. BIRTHPLACE (Stote	or foreign	country)	12. CITIZEN C	F WHAT	COUNTRY?
	Laborer		Country Club	Maryland	7		USA		
13.	FATHER'S NAME		councity vituo	14. MOTHER'S MAIDEN					
10		liam Turner	. sague saguery va Tra m	May Bro	Nm				
	ne, er anknown]	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. 11	IFORMANT		Address	Atwood H	Road	
	No		- Unknown Mr	s. Florence	Turne		Silver S		om Md.
		TH [Enter anly one cause per li		D4 1 TOT 01100	4 44 114		INT	ERVAL BETW	DEN
	PART I. DEAT	H WAS CAUSED BY:	a					str and de	
	112001	IMMEDIATE CAUSE (o)	Coronary occlusi	.on				udde	III.
	400,1	DUE TO							
	Conditions, if a	ny, which } (b)							
	gove rise to immed	liote cause			-				
	(a), stating the	ond errying							
_	cause last.) (c)							
Q	PART II, OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	EN IN PART 1(0)		AUTOPSY DRMED?
R								YES 🗌	NO TO
CERTIFICATION	200. EXTERNAL CAL PRIMARY Or COT CAUSE OF DEATH.	USE WAS 206. DESC	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt I or Part I	f of item 18.)			- Alina
AL	20c. TIME OF INJUI	RY Manth, Day, Year 20	J INDUSTRIAL TOP OF THE	TOT IN HUBY AL f.			10		40
MEDIC	Hour a.m.			ory, street, affice bldg., etc	m, 120f. (Cit	y or town)	(County)		(Stote)
2			e remoins described obo	ve, held on Autop	sy \square .	Inspection [X]	Inquiry F	7. ar	nd in my
					, —,		Land Com		
	opinion death	resulted from: Noturo	causes 🔼, Accident [_, Suicide [_],	nomicia	Undete	rminea monn	er 📙	
	6	L . D	A					DAYE	SIGNED
	SIGNATURE	10.10.19	what	M.D. CHIEF MEDICAL E	XAMINER []		DAIR	SIGIAES
		your y		ASSISTANT MEDIC	CAL EXAMIN	ER 🗇			
	EXAMINER'S NAME (Type) F'T	ank J. Broscha	rt	DEPUTY MEDICAL			8, 1958		
	REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY OR BURTONSVILLE C	To The Late of the		NSVILLE,		(Sto	
RU	RIAL	12-/22/20	ADDRESS						O. P. LID
23.	WARNER BOR	PUMPHREY, INC.	, Silver Spring	Md. Z40. REC	D BY REGIS	TRAK 246. REGI	STRAR'S SIGNATU		
	Raymoud	a. Biska		DATE	V 1 2 '5	Cut	hun S. Than	4	
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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3, Film G-235 11/17/58 CAC DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND nonlesonere b. CITY OR TOWN Ilf outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give mydrest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO NAME OF First 4. DATE Middle Month Lost Year JON DECEASED OF DEATH NOVERBER (Type or print) 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Days Hours WIDOWED | DIVORCED NOVERBER B 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Item #2 18. CAUSE OF DEATH [Enter only one couse per)line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work , 1958, that I last saw the deceased and that death occurred at 10 10 M, from the causes and on the date stated above. 19 28 alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL OF TALLIN, IVI.D. PHYSICIAN'S Kensington, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) PARKLAWN CEMETERY MONTGOMERY COUNTY. MD. FLINERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. arthur S. Thous

þ ony 00 DIRECTOR: Pln 0 VS A15 (4) 15M 9/55

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FOR STATE HEAITH DEPT.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12113 MEDICAL	EXPANIIVEN S	CERTIFICATE OF	Re	g, Dist. No.
1. PLACE OF DEATH Montgomery	MARYLAND	2. USUAL RESIDENCE (Where dece		Residence before admission) Montg.
and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co		L and give nearest town)
Chevy Chase	6 yrs	K Chevy Ch	ase	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospited 3605 Chevy Chase La		d. STREET ADDRESS 3605 Chevy	Chase Lake	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) Desmond Jos	seph Ward	Lost 4. DATE OF DEATH	Month	Doy Year 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		9/29/1904	9. AGE (In years IF UN fast birthday) Mant	NDER IYEAR IF UNDER 24 HPS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, oven if retired) Pealtor: Se	of Business or Industraction	Y 11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Joseph S. Ward	Audio St	? Gar	itv	
(Yes, no, or unknown) (If yes, give was ar dates at service)		cances D. Ward	Address	Item 2
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	onary Occlu	sion		Found dead in bed
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. EXTERNAL CAUSE WAS FRIMARY or CONTRIBUTING 206. DESCRIBE H CAUSE OF DEATH.				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IOW INJURY OCCURRED. (EF	ster nature of injury in Part 1 or Part	It all Item 18.}	
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour e. m. While of work	LADI MIIIIA	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	ly or tawn}	(County) (State)
21. I certify that I took charge of the resopration death resulted from: Notural con ACTUAL SIGNATURE FRANK J. BASS.			e], Undetermina	quiry X, and in my ed monner D
EXAMINER'S Frank J. Broscha	rt	DEPUTY MEDICAL EXAMINER	- AT	4, 1958
Burial 11/7/58 23. FUNERAL DIRECTOR'S SIGNATURE	Parklawn Ce Address the sda, Mar	metery Roc 240. REC'D BY REGIS		yland s signature
		BMI V	- Lathu	1 & Kraus

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	Sanda Sa			
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MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

b. COUNTY

1. PLACE OF DEATH

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o. COUNTY

c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside/corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION YES NO achinoton suntarium NAME OF Middle 4. DATE First Month Day Year DECEASED OF DEATH 1020 (Type or print) 19.5 % 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX Months Doys WIDOWED W DIVORCED [USUAL OCCUPATION (Give kind of work done during most of yorking life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Tanutacture, 4551 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAKNOWO 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SKITERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line fos.(o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c). PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) foctory, street, affice bldg., etc.) Hour o. m While Not while of work of work 195 A, that I last saw the deceased 21. I certify, that I attended the deceased fram 1>19 , and that death accurred at 135 G. M. from the causes and on the date stated above. DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 22d. LOCATION (City, fown, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF Mc. NAME OF CEMETERY OR CREMATORY HOATH VESTURUM COM. (Stote) Cariada BUFIA! (Specify) Montrea 23. FUNERAL DIRECTOR'S SIGNATURE 14 14 ST. N.W 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE CITINA & KINGA 8 '58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12780 **CERTIFICATE OF DEATH**

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ACTUAL SIGNATURE BUS hould Smith MT) M.D. The Clinical Center 11/3/58 PHYSICIAN'S NAME (Type) BUSHNELL SMITH, M.D. National Institutes of Health Bethesda 11, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF BACK Country (Specify) 11-4-1958 22c. NAME OF CEMETERY OR CREMATORY BACK BACK BACK BACK BACK BACK BACK BACK	ali	ve on NOV	ember 2	195	ond that a	death	occurred at	8:351	M, fram	the causes a	nd an th	ne date	state	d obave.
PHYSICIAN'S NAME (Type) BUSHNELL SMITH, M.D. National Institutes of Health Bethesda 11:, Maryland 220. BURIAL (REMATION, PERMOVAL (Specify) 11-4-1958 22c. NAME OF CEMETERY OR CREMATORY PROVAL (Specify) 11-4-1958 22c. NAME OF CEMETERY OR CREMATORY Dalto 22d. LOCATION (City, town, or county) (Slote) 223. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	1 5	0	1 1	10	-11 110				Concess (2116	ci, city of lown,	stote)		DA	TE SIGNED
PHYSICIAN'S BUSHNELL SMITH, M.D. Bethesda 11, Maryland 220. BURIAL CREMATION, PRIMOVAL (Specify) PRIMOVAL (Specify) 11-4-1958 BODRESS 224. REGISTRAR'S SIGNATURE 224. REGISTRAR'S SIGNATURE	ACT SIGI	NATURE D	us hnell	17	mith MY	2 N	I.D. The	Clini	cal Ce	enter		11/3	/58	
NAME (Type) BUSINELL STITE, The Bethesda II, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF BALLY GREENATORY PSILITIAN III AND BETHESD BALLY GREENATORY BUSINELL STREET SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	BUY	EICIAN'S					Nat:	ional	Instit	cutes of	Healt	th		
BESMOVAL (Specify) 11-4-1958 Balter Helsen Balter Balter 240. REC'D 8Y REGISTRAR 240. REGISTRAR'S SIGNATURE	NA	ME (Type) B	USHNELL SM	ITH,	M.D.		Bet	hesda	11. Ma	ryland				
22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	25N	AOVAL (Specify)	1/- 4-195	8	Bal &	ERY OR	CREMATORY		22d. LOCATIO	ON (City, town, o	or county)	rel.	(Slate	-)
fact Leurs lue - 2100 Ceclaco Villera DATE NOV 5 '58 aring 8. Knows			SIGNATURE		ADDRESS	0	1	24a. REC'D	8Y REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12781

CERTIFICATE OF DEATH

Reg. Dist. No.

									-	-	
1. PLACE OF DEA			MARYLA	O STATE	IDENCE (Wh	ere deceased	lived. If instituti b. COUNTY	on: Reside	nce befo	re odmis	sion)
	WN (If outside corporale limit give nearest town)	s, write	c. LENGTH OF STAY IN				ole limils, write R	URAL and	give nee	prest tow	n)
Bethese	la		62 days		anoog	a.	7	9x.	- 3		
OR INSTITU				d. STREET		22 0					FARM?
The Cl:	inical Center,	Bet.	hesda 14, Mo	[.] 801 I	toc kwa	y Driv	e			YES [NO 🔼
3. NAME OF DECEASED (Type or print)	Fin Ev		Middle Nell	Whit		4. DATE OF DEATH	Mon	rembe	r 2	-	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIR	гн		9. AGE (In years		RIYEAR		ER 24 HRS.
Female		WIDOWI			3, 193	1	last birthday)	Months	Days	Hours	Min.
10a. USUAL OCC during most Housew:	JPATION (Give kind of work of working life, even if retired)	ione 10b.	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHE	abama	ar fareign co	untry)		. S.		COUNTRY
13. FATHER'S NA	AE			14. MOTHER	S MAIDEN N	IAME					
Raymon	d L. Sims			Eula	Hulse	У					
15. WAS DECEAS	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMANT T	ne Med	ical R	ecord Add	ress			
No	In yes, give wor or ourse or se		118-24-1779	The Clin	ical C	enter,	Betheso	la 14	, Ma	ryla	nd
gove rise couse (a), s lying couse	to immediate obting the under-	20	lenged he worthis Held in a contributing to DEATH	Meterner Juice Juice of Mult NOT RELATED T	from termi	Topes and to NAL DISEASE	acrtic so	with PA	RT 1(0)	PERFC	AUTOPSY PRMED?
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in F	ort I or Part	II of item 18.)				
Hour	INJURY Month, Day, Yea o. m. 19 p. m.	While	NJURY OCCURRED 20 Not while k at wark	le. PLACE OF INJURY factory, street, affi	iHome, form ce bldg., etc.	, 20f. (City)	or town)		(County)		(State)
	fy that) attended the November 22 William P. O.	, 19_ Ce	58_, and that d	M.D. The	1:00	PM, from ADDRESS (Sin		and an	the do	te stat	
	MATION, 22b. DATE THEREO		22c. NAME OF CEMETE			22d. LOCAT DeKal	ION (City, town,			lab	
23. RUBER	RIONS SIGH WINDHRI	EY	Bethesda,	Md.	24a. REC'I	D BY REGISTE)Y 2 6 '5	- /3	STRAR'S S			

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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12782

CERTIFICATE OF DEATH

215 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Montgomery	4		MAR	YLAND	2. USUAL RES O. STATE Maryla		here deceased	lived. If institute	on: Residence	e befor	e admis	sion)
	b. CITY OR TOWN (III RURAL and give no	f outside carporate limi earest lawn)	ts, write	c. LENGTH OF STAY	IN 1b	X			rate limits, write R	URAL and g	ive nea	rest taw	n)
_	Bethesda	(Rural)		20 days		Chevy							
	OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET	ADDRESS					e. IS RES	FARM?
		al Hospital				6300 V	<i>d</i> iscon	sin Av	e.				NO [
3.	NAME OF DECEASED	Fir		Middle			ost	4. DATE OF	Mor		Day		Year
	(Type or print)	Grady	7	Baskin		WHITE	EAD	DEATH	Novemb	er	1		19 58
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARR	IED 🔲	. DATE OF BIRT	тн		9. AGE (In years lost birthday)	IF UNDER	_	IF UND	ER 24 HRS.
N	lale	White	WIDOWI	ED DIVORCE	0	3-20-8	39		69 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (State	ar foreign co	iuntry)	12. CITI	ZEN O	F WHAT	COUNTRY
	Mariner	ing ine, even ir reineo		U. S. Navy		Ged	orgia			U.	S.A.		
13.	FATHER'S NAME			20 20 21-13		14. MOTHER		NAME		1 00	-		
	John Beel	Land WHITEH	EAD			Anna	E. S	PIVEY					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT			Add	ress			
{Ye	Yes	If yes, give war or dates of s WWI - WW]	-	None	Ot	ficial	Navy	Record	ls				
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (a), (b), and (c)	.1				-		LINTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		tured abdo	minal	aneur	ysm					2 ho	DEATH
	7-011	DUE TO											
	Canditions, if an	ny, which) (b	Gen	eralized a	terio	sclero	sis				u	nkno	wn
	cause (a), stating												
	lying cause last.) (c)										
o	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
CATI	Bleeding	diathisis	due '	to autogen	ous d	circulat	ting a	nti-co	agulant	- 6mo	s.	YES PERFC	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature	af injury in	Part I or Part	Il of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PLA faci	CE OF INJURY ary, street, affic	IHome, farm ce bldg., etc	n, 20f. (City	or town)	(C	ounty)		(State)
	21 Landiff th	at I attended the	National States	od con Octob	er 12	10.5	3 No	vember	1 .58				
-									/ '/	_,thot } le			
	olive onOc1	coper 31	, 19,	58_{-} , and that	death	occurred at					e dot		
	ACTUAL	7-14						ADDRESS (SI	reet, city or town,	state)			ATE SIGNED
	SIGNATURE	- 1/60	79	an	A	I.D. U.	S. Nav	al Hos	pital, 1	INMC		11-1	-58
	PHYSICIAN'S		0										
	NAME (Type) J.	T. HORGAN	L. LC	DR, MC, US	N	Beti	nesda	14, ME	ryland				
220	BURIAL CREMATION	N. 226. DATE THEREO		22c. NAME OF CEM		CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(Stat	el
	BURIAL Specify)	11-4-58	,	Arling	ton 1	[ationa]	L	1	ington		Vir	gini	
23.	FUNERAL DIRECTOR!	SIGNATURE LULY	Till	ADDRESS 755	7 Wis	c. Ave.	24a. REC*	D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATUR	E	
R.	A. Pumphr	ey Funeral	Home	e, Bethesd			DATE NO		0	Thur &	Henry	4	

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De-1-12 Wink Aletter	Mary M. A. W. o.			
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deletov mrzek	metwork by the party		Bj-l-lif Bjerne Sje	da taria Majara

12783 CERTIFICATE OF DEATH filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. eral b. CITY OR TOWN (If outside carporote limits, write RURAD and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) the funs d. NAME OF HOSPITAL (If not inchospital, give sigeet address) d. STREET ADDRESS OR INSTITUTION 0 NAME OF Middle 4. DATE Lost DECEASED FD50N NOVEMBETT (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) DIVORCED WIDOWED A papers. 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) rana pou 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME COL mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 70 PART I. DEATH WAS CAUSED BY: IERIASCLEROI IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which) Bued gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year Hour o. ft. foctory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from ALAY. ACTUAL Pa PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 ADDRESS

12783Rea. Dist. No.

e. IS RESIDENCE

ON A FARM? YES NO NO Year

1957 IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

12. CITIZEN OF WHAT COUNTRY?

Address 3

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO 19

(County)

, 1956, to NOV. 26, 1958, that I last saw the deceased 12 Cf., and that death occurred at 14 as AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(State)

(State)

23, FUNERAL DIRECTOR'S SIGNATURE

1490 Chapin

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

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	- Fred 1-8/18/2005-12		
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Montgomer	У		MARYLAN		o. STATE Pennsylva	ere deceased	d lived. If institution b. COUNTY	an: Residence	e before	odmission	n)
b. CITY OR TOWN (If RURAL and give ne	autside corporate limi orest town)	ts, write	c. LENGTH OF STAY IN	b	c. CITY OR TOWN (If o	utside corpo	rate limits, write R	URAL and gi	ve neore	est tawn)	
Bethesda			63 days		Lancaster	2	75	X - 3			
OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS				e.	IS RESID	
The Clini	cal Center	, Bet	thesda 14, Md		234 Ruby	Stree	t			YES 🔲 I	
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mon	th	Day	Ye	or
(Type or print)	Rob		Eugene		Wiegand	DEATH	Nove	mber	11,	19	58
5. SEX		7. MARI	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)	Months (Hours	24 HRS.
Male	White	WIDOW				1953	5 yrs.	Montes	Juys	Hours	Min.
during most of work	N (Give kind of work ing life, even if retired	done 10b.	None	IDUSTR		or foreign co sy lvan				WHAT CO	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
Peter F. I	Wiegand				Dorot	thy St	ockbauer				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO	RMANT The Med	lical	Record Add	ress			
No unknown)			None	Th	e Clinical C	enter	. Betheso	da 14.	Mar	ylan	d
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	St	ne for (o). (b). and (c).] taphlococcal				,		INTER	VAL BETY T AND D days	VEEN
Conditions, if on gave rise to in cause (a), stating t	nmediate (Ac	cute Lymphocy	rtic	Leukemia					mos	
491X	X2 11 12 1	DITIONS	CONTRIBUTING TO DEATH					'EN IN PART		WAS AU PERFORA (ES] I	AED?
	CAUSE OF DEATH	ZUB. DES	CRIBE HOW INJURY OCCU	KKED. (Enter nature of injury in F	ort I or Part	t If of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e Nat while k at work	factor	OF INJURY (Home, form, y, street, affice bldg., etc.	, 20f. (City	or tawn)	(Co	ounty)		(State)
21. I certify the alive an NOT	at I attended the vember 11.	deceas _, 195	ed from Septemb (8, and that de	ath o	The Clin	M, from ADDRESS (Straig)	n the causes a treet, city or town, Center	and an the	e date	stated	abave signed
			, M. D.		Bethesda		itutes of Maryland	Heal	th		
200. BURIAL, CREMATION REMOVAL (Specify) Burial-Tra	1 . 77/	14/5	22c. NAME OF CEMETER 8 St. Joseph	nts	Cem. (New)	Lancs			Pa	(State)	
23. FUNERAL DIRECTOR'S	SIGNATURE PUM	PHRE	Y, Bethes	da	Md. 240. REC'E	BY REGIST	7.	STRAR'S SIGN			
//	U/A	1000	13								

21-4-17 Thank	CAT OF LEASTH BACTIALO	MINARED BYATE OFFA	
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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12785	CERTIFICATE OF DEATH	R

12785 Reg. Dist. No.

Second Conditions Government Conditions Government Conditions Government Conditions Government Conditions Government Conditions Government Governm									
b. CITY OR TOWN (if autiside corporate limits, write RURAL and give nearest town) Chevy Chase d. NAME OF DOSPITAL (in bin happitol, give street address) 25 Hesketh Street Chevy Chase d. STREET ADDRESS 25 Hesketh Street NO. A FA ON	o. COUNTY Mont			AND O. STATE		b. COUNTY			isian)
25 Hesketh Street 25 Hesketh Street 25 Hesketh Street 25 10 25 10 27 27 27 28 29 29 29 29 29 29 29	RURAL and give n	earest_tawn)	ite c. LENGTH OF STAY			orate limits, write R	URAL and give	e nearest tow	n)
DECEASED (Type or print) MAUDE L. WILLIS PEAH NOV. 29, 193 5. SEX Female 6. COLOR OR RACE 7. MARRIED NOVER MARRIED 3. DATE OF BIRTH 3. DATE OF WHAT CO UNITY OF WHAT COUNTY OF WHAT CO	d. NAME OF HOSPI OR INSTITUTION 25 Heske	TAL (If not in hospital, give steth Street	reet oddress)			et		ON.	A FARM?
DIVORCED June 15, 1870 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done do work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done do work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done do work do do work done do work done do work do work done do work done do work do work do work done do work done do work do wo	DECEASED				O.E.			Day	Year 1958
HOUSEWISE 13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. I.7. INFORMANT UNKNOWN 16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that leathed the deceased from While of work		White			1870	a lost birthday)			Min.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO CONTRIBUTING CONTRIBUTION CONTRI	Housew	king life, even if refired)		Tex	as	country)			COUNTRY
None W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). W. F. Boss-Item # 2 19. Cause of Death W.					own				
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	15. WAS DECEASED EVE (Yes. no unknown)				-Item # 2	Add	ress		- 64
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES N 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Mile Not while of work of w	PART 1. DEA 33/X Conditions, if a gave rise to i cause (a), stating	MATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Iny, which mmediate the under: DUE TO	Peneralye	d ant	low a	Recid	ent.		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PART II. OT		ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIV	YEN IN PART 1	PERF	DRMED?
21. I certify that leatended the deceased from 1956, to 1956, to 1956, that I last saw the declive on 1956, and that death occurred at 3:00 PM, from the causes and an the date stated		AS UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED. (Enter nature of	injury in Part I ar Par	rt II of item 18.)			
olive on 1110, 19.58, and that death occurred at 3:00 PM, from the causes and an the date stated	Y 20c. TIME OF INJUR Hour a. m. p. m.	w w	hile Not while	20e. PLACE OF INJURY IH factory, street, office	ome, form, bldg., etc.)	y or town)	(Cou	inty)	(State)
ACTUAL SIGNATURE Danald Q. Ekman M.D. 5707 Wisconsin Avenue, ADDRESS (Street, city or town, state) DATE SIGNATURE Danald Q. Ekman 5707 Wisconsin Avenue,	olive onACTUAL SIGNATURE PHYSICIAN'S T	Jonald Q	Ekman	м.о. 570	3:00 PM, from ADDRESS (S	m the causes a	ind an the	date stat	
220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Bur-Transit 12/3/58 Uniontown Uniontown, Pennsylvani	220 BURIAL CREMATIC	N. 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CREMATORY	22d. LOCA				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE			ADDRESS		40. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	ATURE	111.51

NO. TO THE REPORT OF	ME OF MEALTH - BALTING	STATE DEPARTMENT	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12786 CERTIFICATE OF DEATH

12786 Rea. Dist. No.

OR INSTITUTION	RESIDENCE N A FARM? S NO
RURAL ond give procest lower d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized)	RESIDENCE N A FARM?. S NO X Year
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) First Middle Lost 4. DATE Month Day OF DEATH OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 2.4 9. AGE (In years last birthday) Honghis Days How during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Year 1958
Composition Color of Race 7. Married Never Married 8. Date Of Birth 9. AGE (In years last birthday) Months Day How	1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hor Months Doys Hor during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 101. CITIZEN OF WI	NIDER 24 HPS
Machinist of working life, even if retired) Navy Yard Indiana U. 5	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	HAT COUNTRY?
Unknown Wills un Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 217-36-5813 Corneliz William - Stand des	s a boo
PART I. DEATH WAS CAUSED BY: Brain tumor (glioma), involvings tfrontal ONSET A	L BETWEEN AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)	MONITE.
	REORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work of work	(State)
21. I certify that I ottended the deceosed fram Nov. 5, 1958, to Nov. 16, 1958, that I lost sow to alive on Nov. 15, 1958, and that death occurred at 3:25 AM, from the couses and on the date standarder of the standard of t	
PHYSICIAN'S Robert G. Angle 5009 DelRay Ave. Bethesda, Md	
REMOVAL (Specify)	(Stote)
Burlai 11/19/50 Gedar Hill Gemetery Suitland, Maryland	

an and gal	HEATE OF DEATH	923		
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	Laker Contractor			
	and principal			
A Light reserves	Legal Lagran I (CCC)			
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12787 **CERTIFICATE OF DEATH**

Reg. Dist. No.

12787

1, PLACE OF DEATH a. COUNTY		MARYLAND	o. STATE		b. COUNTY	dence before admission)
	gomery (If outside corporate limits, w		Maryl CITY OF TOWN		FIDTU	gomery Co.
RURAL ond give	nearest fown)					no give negresi towny
Bethesda		10/30/58		Bethesda,	Md.	ac accinence
OR INSTITUTION	PITAL (If not in hospital, give s	rreer godress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Suburb	an Hospital		X 100	20 River	Rd.	YES NO 1
3. NAME OF DECEASED (Type or print)	Fine Edward	Middle	Windsor	4. DATE OF DEATH	Month	Doy Yeor 2 19 58
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. /		DER 1 YEAR IF UNDER 24 HRS.
Male	White Wit	DOWED DIVORCED	9/20/80		78 yrs. 1	12 Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY JI. BIRTHPLACE (SH	ate ar foreign count	y) 12.	CITIZEN OF WHAT COUNTRY
Retire	orking life, even if retired)	Carriettura De	lt MA	OVI AN	d	11.5 A
13. FATHER'S NAME		1	14. MOTHER'S MAIDE	N NAME		4.011
TOS	ep4	1111111100	12 00	10.11		
	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	KOLL	Address	1
[Yes, no. or usknown]	(If yes, give wor or dates of service)	None D	orothy E	Hunte	-Tto	m# Z
	EATH [Enter only one cause	per line for (a), (b), and (c).]		0		ONSET AND DEATH
PART I. DI	EATH WAS CAUSED BY:	Iracho an	eumonia.	X. 2.L	ohe	luk.
491X	DUE TO					
Conditions, if						
gove rise to cause (a), stating	immediate (
lying cause last						
PART II. O	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 averia	schrosis 9	meralized à	ASHD an	& Tenal	Lukain	
PART II. O COLUMN 20a. ACCIDENT IN (IF EITHER, NOTIF		DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Part II o	of item 18.)	
		0d. INJURY OCCURRED 20e. Pi	LACE OF INJURY (Home, for	700 (6)		
20c. TIME OF INJU	·	Vhile _ Nat while fo	ictory, street, office bldg.,		rownj	(County) (State)
₹ p. m	. 19 0	t work ot work				
21. I certify	that I attended the dec	ceased fram Nov L	1950, to	mox 2	, 1958, that	I last saw the deceased
alive on	2. 00	19.59, and that deat	accurred at 12	P.M. from th	ne causes and ar	the date stated above
(_			ADDRESS (Street	, city or town, state)	DATE SIGNE
SIGNATURE	and of his	Tehnel	M.D. 2029	@ 5	T. N.W	1,
PHYSICIAN'S NAME (Type)	FARL H.	MITCHELL	- LUAS	HINGTO	IN D.	
	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			V (City, tawn, or count	(Chata)
REMOVAL (Specif						
Burial 23. FUNERAL DIRECTO	P'S SIGNATURE	Pot Meth.	Church	EC'D BY REGISTRAR	ac Mary	SIGNATURE
	A. Pumphrey	Retheada. Ma				& Kanya
I RODert /	A. FUMBBIRAV	Detreson, Ma	T'V I PIN I DAIL	TEAL A OF	Culmur	A MANA

may be retained by the haspital ar attending physician.

TO FUNEW LINECTOR. After this certificate has been signed by the attending physician and campletely filly on by the funeral director, page 1, wild be detached for use as the burial-transit permit. Then please remove corbon papers. Pages and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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VS A1S (4) 1SM 9/55

	MENT OF HEALTH—BALTIMORE, 18	12788
	ATE OF DEATH Reg. Dist.	No.
o. COUNTY COMERY & MA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY NO AT	before admission) = h
b. CITY OR TOWN (If outside corporate limits, write RURAC and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3806 Williams Lane	13806 WILLiams Lane	•. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF MED do va First Mariann (Middle W) (Type or print)	150 man do 1 DATE Month OF DEATH NOW	Day Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Dec. 24-1868 /got by holder). Months 9	Hours Min.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Touse Wife	Toronto, Canada. U.S	N OF WHAT COUNTRY?
Henry Wood Booth	Clava Louise Frene Ga	ghier,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	dithin. Masters Address 388	hase-M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ONSET AND DEATH
Conditions, if ony, which) (b) Congestive	e heart failure and	
gove rise to immediate couse (a), stating the under. lying couse lost. (c) (c)	ditio	1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	**LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (Cou	nty) (Stote)
21. I certify that I attended the deceased fram. A way alive on 10 NOV, 195 %, and that deat ACTUAL SIGNATURE Herbert Wartyn	h occurred at 145 P.M. fram the causes and an the ADDRESS (Street, city or town, state) M.D. 5029 BETHES JA	
PHYSICIAN'S HERBERT MARTYN JR	BETHEADH, Md.	
Property 22c. Name of Cemetery 22c. Name of Cemetery 11/12/58 Rock Creek	Cemetery Washington, D.	(Stote)
Robert A. Pumphrey Bethesda, Ma	eryland DATE ON 1 3 158 Cuthy S. Kn	

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. PLACE OF DEATH o. COUNTY	1410		FICA	E OF DEATH	1		Reg. D	ist. No.		
Mc	ontgomery	MARYI	11	. USUAL RESIDENCE (Who. STATE Florid		lived. If institution b, COUNTY	oni Reside	nce before	e admiss	ion)
b. CITY OR TOWN (RURAL and give n	(If outside carporate limits,	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpor	ote limits, write R	URAL and	give near	rest lowr)
Gaither		5 years		Orland	0			4	7 X-	3
d. NAME OF HOSPIT	TAL (If not in hospital, give	street address)		d. STREET ADDRESS				e		IDENCE FARM?
	thodist Home				I					
3. NAME OF DECEASED (Type or print)	Mary	Middle E	Tall	oodfor d	4. DATE OF DEATH	Mon		Day		Year
S. SEX		MARRIED NEVER MARRIE	-	DATE OF BIRTH		Novemb 9. AGE (In years		R I YEAR		1958
Female		IDOWED DIVORCED		September 15	,1872	lost bythdoy) 86 yrs.	Manths	Doys	Hours	Min.
00. USUAL OCCUPATION during most of wor H OUSEWI	king life, even if retired)	Home work	R INDUSTR	Y 11. BIRTHPLACE (Stole		9	12. CI	TIZEN OF	F WHAT	COUNT
3. FATHER'S NAME				14. MOTHER'S MAIDEN N						
ם ק	Wan Derlea			Marry F	Ches	200				
	Van Dyke ER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO.	. 17. INFO	Mary E	• Snav	M Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of service			bury Metho	dist	Home R		ds.	-0 i f	-her
Transcription of the				0 002 3 11 0 0 11 0	0.200	HOMO IL				
	ATH WAS CAUSED BY:	per line for (a), (b), and (c).]						ONS	RVAL BE	DEATH
couse (a), stating lying cause lost. PART II. OT	(c)_	antersels.	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 19	. WAS	AUTOPS
PART II. OTI										RMED?
200. ACCIDENT WA	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OF	CCURRED.	Enter noture of injury in f	art I ar Port	II of item 18.}				
	RY Month, Day, Year	20d. INJURY OCCURRED	20e. PLACI	10 VALUE 4 30 3	206 101			C		10
20c. TIME OF INJUR Hour a.m. p. m.	19	While Not while at work at wark	factor	E OF INJURY (Home, farm ry, street, affice bldg., etc.) 	or town)		(County)		(Stote

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNED—I DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page.

July be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12790

CERTIFICATE OF DEATH

	Keg, Dist. No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) Colesville, Silver Spring 8 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville, Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 706 Orchard Way	d. STREET ADDRESS on A FARM? YES NOTE NO
3. NAME OF First Middle	WOOTTON 4. DAYE Month Day Year OF DEATH NOV 29 19 58
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer U. S. Gov*t.	DUSTRY II. BIRTHPLACE (Stole or foreign country) Prosperity, Mo. 12. CITIZEN OF WHAT COUNTRY: U.S.A.
William J. Haddock	Mary Ann Martha RIXXXXXIIX CREWSE
(Yes, no or unknown) (If yes, give war or dates of service) PO Tall AT GT	Norman D. Wootton, 706 Orchard Way
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	Colesville, Sonderval Serveen ONSET AND DEATH 3 how
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	RED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (State)
PHYSICIAN'S J. Marion Barrkhead	th occurred at 4 LoA M, from the causes and an the date stated abave ADDRESS (Street, city or town, stote) DATE SIGNET M.D. 9241 Col Blod. DATE SIGNET ADDRESS (Street, city or town, stote) DATE SIGNET ADDRESS (Street, city or town, stote)
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 22b. DATE THEREOF 22c. NAME OF CEMETERY MONOCACY CEM	ETERY MONTGOMERY COUNTY, MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE EY, INC. ADDRESS SILVER SPR.	ING. MD. 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE CITTLING & Tributa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillaring by the funeral director, page.

Vold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages at 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/55

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VS A1S (4) 1SM 10/S7

CERTIFICATE OF DEATH

			OLKIII.	IOA	12 01 2	LAII			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Montgome:	ry		MARYLA			New Je		lived. If institution b. COUNTY	on: Residen	ce befor	e odmis	ssion)
b. CITY OR TOWN RURAL ond give Bethesda	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN	116	_	own (If o		ote limits, write R	URAL ond	-	rest low	n)
d. NAME OF HOSP	ITAL (If not in hospital, gi		oddress)	d.	d. STREET A	41	ad Str	eet		-	ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs Howa	1	Middle Lewis		Wright		4. DATE OF DEATH	Mon	th emb er	Doy 10		Yeor 1958
5. SEX Male	7.70. 2 A to	7. MARRI	DIVORCED	□ B.	DATE OF BIRTI			AGE (In years last birthdoy)	IF UNDER Months			ER 24 HRS.
during most of wo	ION (Give kind of work d king life, even if retired)	one 10b. I	KIND OF BUSINESS OR I	INDUSTI	The state of the s	ACE (Stole o		ntry)	12. CIT	IZEN OF		COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
James Wr:	ight				Lou	ise M	. Chri	sty				
15. WAS DECEASED EV	ER IN U. S. ARMED FORC Ilf yes, give wor or dates of set	lasing	6-03-9045	17. INF				ecord Addi		, Ma	ryla	and
754,5 Conditions, if a gove rise to couse (a), stoling lying couse lost.	immediate DUE TO (c).	filing tra	elation - ns ventrous	liv	arti	suc Na	lval.	stony Vicien	cy	?(าอน	geniti
I CATIO	HER SIGNIFICANT COND				OT RELATED TO			CONDITION GIV	EN IN PART		PERFC	AUTOPSY ORMED?
-	MEDICAL EXAMINER)		RIBE HOW INJURY OCCI	URRED.	(Enter noture of	injury in P	ort I or Port I	l of item 18.)				
Hour o. m. p. m.	RY Month, Day, Year 19	While of work	Not while of work	foctor	E OF INJURY (F ry, street, office	bldg., etc.)				ounty)		(Stote)
ACTUAL SIGNATURE	No Perryman	, 19_	fllus	er 2 eath o	ccurred at l	l:20 e Cli tiona	AM, from DDRESS (Streen in cal linst	the causes a et, city or town, s Center itutes	nd an thistore)	ne date	e state	deceased ad above ATE SIGNED .0-58
	ON, 226. DATE THEREOF		22c. NAME OF CEMETER Silverbro				22d. LOCATIO	Maryland ON (City. town, o ington,	r county)	wre	otot	e)
23. FUNERAL DIRECTOR Robert A.	's signature Pumphrey	-Bet	hesda, Md.			24o. REC'D	BY REGISTRA	R 24b. REGIS		NATURE		

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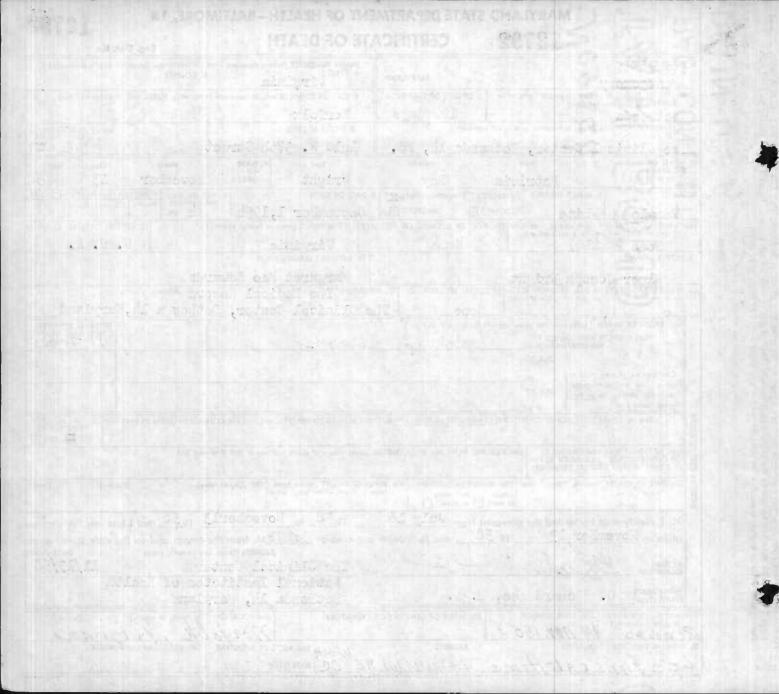
MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12792	CERTIFICATE OF DEATH	R

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		127	92	CERT	IFIC	ATE	OF D	EATH	1		Reg. Dist		W CO CO
1.	PLACE OF DEATH a. COUNTY Montgomer	v		MAR	YLAND	2. US a.	SIAIL	ence (wi		ived. If institution b. COUNTY			dmission)
		f outside carporate lim	its, write	c. LENGTH OF STAT	Y IN 15	c.				te limits, write RU	RAL and gi	ive nearest	tawn) V
	Bethesda	edrest town)		120 da	IVS		Norfo			8	2 4	2	
		AL (If not in haspital,	give street		- U -	-	STREET AD					e. I'	S RESIDENCE
		al Center.	Bet.	nesda 14. 1	Md.	7	LIO W	- 374	th Stre	et.			S NODE
3.	NAME OF DECEASED (Type or print)	Fii Patr	rst	Middle Rav			lost Wrigh		4. DATE OF DEATH	Manth		Doy 13	Year 19 58
5.	SEX			RIED NEVER MARR	IED TET		OF BIRTH	0		AGE (In years		- 10	JNDER 24 HRS.
	Female	White	WIDOW				ptemb	on 7	44				ours Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.								12. CITI	ZEN OF W	/HAT COUNTRY:
	auring mast at work	ting life, even if retired hild))	None									
13	FATHER'S NAME	III.La)		Notie		114 A	MOTHER'S	ginia			Ua	S. I	il. o
15		oseph Wrig		SOCIAL SECURITY NO	17				Mae Edw				
		(If yes, give war or dates of s							ical Re				
-	No			None		he C	linic	al Ce	enter.	Bethesda	. 14. N	larylarylary	and
		TH [Enter anly and co TH WAS CAUSED BY:	use per li	ne far (a), (b), and (c)).]	1						INTERVA	AL BETWEEN
	10 = V	IMMEDIATE CAUSE (o)	Walnu	2	ker	nor	/				11	mos
	1001	DUE TO			•								
	Canditians, if ar)										
	gave rise to in cause (o), stoting												
	lying cause last.) (c)										
CERTIFICATION	PART II. OTH	ier significant con	DITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RE	LATED TO 1	HE TERMI	NAL DISEASE (ONDITION GIVE	N IN PART	PI	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter	r nature af	injury in f	Part 1 or Part 1	of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yes	20d. It While at war	NJURY OCCURRED Nat while t ot wark	20e. PL	ACE OF ctary, str	INJURY (H	ome, farm oldg., etc.	, 20f. (City a	r tawn)	(Co	ounty)	(State)
	21. I certify the	at I attended the	deceas	ed from July	16		1958	to No	ovember	13, 1958	that I I	net came	the deserve
	alive an Nove	mber 13				0000		3:20	PAA from	the causes an	- AL	121 20W	ine deceased
		2. / 1	-mg ====================================	Ty, and man	dean	OCCU	ilea al			et, city or town, st		e date s	DATE SIGNED
	ACTUAL SIGNATURE	Mella.	10	10	ar ·		The C		cal Cer			17	/13/58
Н	SIGNATORE	- Cara				M.D	Nati			utes of	Healt	th.	-212
	PHYSICIAN'S NAME (Type)	. Richard	Lee,	M. D.				esda		ryland			
22	1	N, 226, DATE THEREC		22c. NAME OF CEM	ETERY O	P CDEN							154
1	REMOVAL (Specify)	V4 nov 19	58	Table Of CEN	LILKI	R CREM	AIOKI		Mag 4	N (City, town, or	County	6.	(State)
23	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS				Ma DECI	BY REGISTRA	R 24b. REGIST	DAD'S SICH	LINE	a
	1 - 7		1	// / 34	1	34 400	3,000			100			
4	oce Jun	CRAL HO	me	H+ Man	Lul.	ME	OCI	DATE NO	y 1 7 '58	avil	hun & 9	MAUA	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12793

CERTIFICATE OF DEATH

12793

				Reg. [Dist. No.
1. PLACE OF DEATH 0. COUNTY	AAA BWI AAUD	2. USUAL RESIDENCE (Who o. STATE		If institution: Reside	ence befare admission)
Montgomery	MARYLAND	Penns /lvan			
 CITY OR TOWN (if outside carporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate lin	nits, write RURAL and	give nearest town)
Bethesda	125 days	Force		75 X-	3
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
The Clinical Center, Bet	hesda 1/1, Md.	l None			YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Month	Day Year
onester.	(none)	Zuchelli	770	Novembe	
7000		B. DATE OF BIRTH	9. AGI	E (In years IF UNDE birthday) Manths	Days Hours Min.
Male White WIDOW 10a. USUAL OCCUPATION (Give kind of work done 10b.		June 15, 18		72 yrs. 5	7
during mast at warking life, even it refired)			ar toreign country)		ITIZEN OF WHAT COUNTRY
Coal Niner 13. FATHER'S NAME	Mining	Austria 14. MOTHER'S MAIDEN N	IAMF	1 0	. S. A.
(Unknown) Zuchelli		Cecilia			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT The Med		Address	
(Yes, no. or unknown) (If yes, give war or dates of service)		e Clinical Ce			Maryland
18. CAUSE OF DEATH [Enter anly one cause per li		0 91	noor, bot	mybac La	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A-	i- 0			ONSET AND DEATH
IMMEDIATE CAUSE (a)	sperelong	Faclus			10 min
DUE TO	1 1				- 0
Canditians, if any, which) (b)	35 onchos	neumone	a		30 days
gave rise to immediate			1 (.	0 =	0 - /
lying cause last. (c)	arcinon	a of recl	k (exe	dermord	7 ? "
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>					YES NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	'art I ar Part II af i	tem 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City or taw	n)	(County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a.m. 19 While at war	Nat while Ta	clary, street, affice bldg., etc.)		(5,5,5)
		CO 11-	1 00	20	
21. I certify that I attended the deceas		19 50, to NO	vember 22	, 19.20, that I	last saw the decease
alive on November 22 , 19	58 , and that death	accurred at 10:05.	AM, from the	causes and an	the date stated above
att a gr			ADDRESS (Street, ci		DATE SIGNE
SIGNATURE Sending Se	allnent	M.D. The Clini	cal Cente	er	11-22-58
	1	The Nation	nal Insti	tutes of	Health
PHYSICIAN'S NAME (Type) Theodore L. Good	Ifriend, M. D.	Bethesda	ll. Marvl		
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, tawn, ar county)	(State)
Bur-Transit 11/25/58	Revnoldsv	ille	Jeffers	on Count	tv. Penn.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDŘESS		BY REGISTRAR	24b. REGISTRAR'S S	
Robert A. Pumphrey B	ethesda, Mar	ryland DATNOV	2 6 '58	Cuthun S.	Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 y the funeral director, 2 should be filed with may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registral priar to burial, cremotian, or removal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 10/57

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